

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

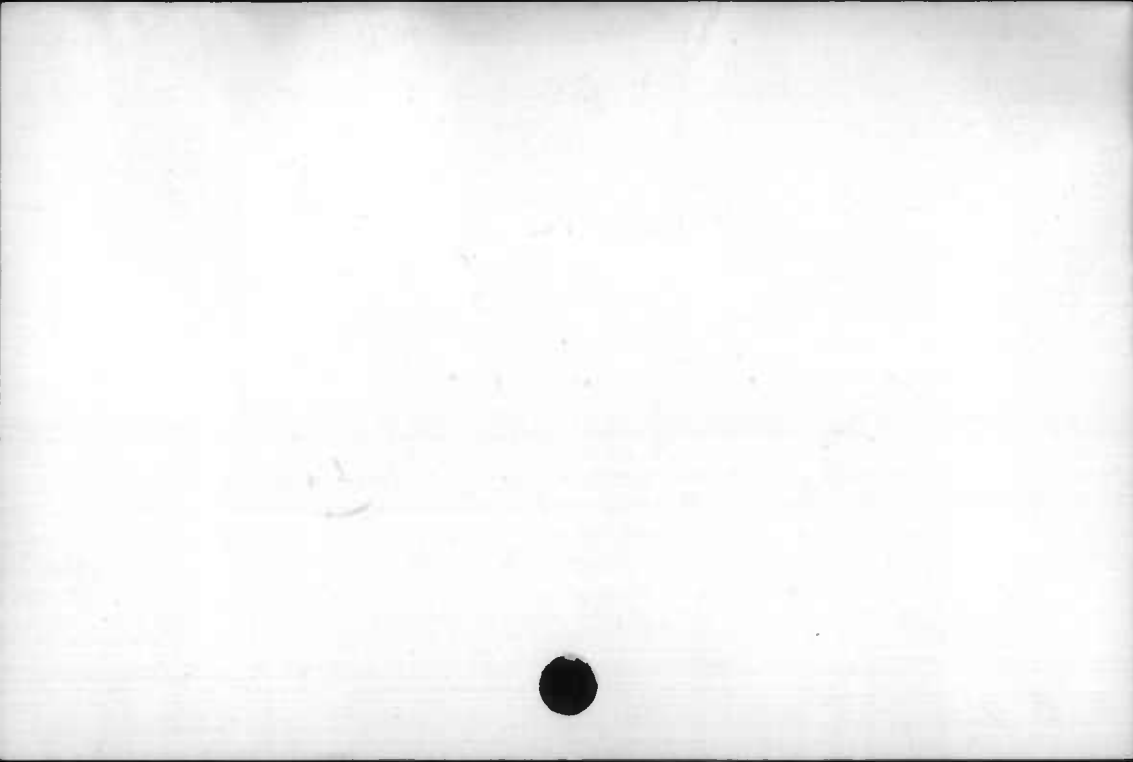
Died at <u>L.B.</u> Town		<u>Prchen</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>2</u>	Day <u>20</u>	Years <u>73</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Ma</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Curtin Booze</u>				
Father's Name <u>Charles Booze</u>	Father's Birthplace <u>Ind</u>		Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Amelia - Maiden name not known</u>			How related to deceased <u>Daughter</u>		
Name of person giving information <u>Mary Mc Elden</u>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<u>Cancer of Liver</u>	How long	<u>6 or 8 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John A. Co</u>
		Address	<u>L.B.</u>
			<u>Ind</u>
Accident or Suicide?			



Name
in
Full

Charles. F. Briggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Muirhurst* ^{County} *Pr Geo*

Date of death ^{Month} *Feb.* ^{Day} *5* ^{Years} *41* ^{Months} ^{Days}

Sex *male* Color or Race *Black* Birth-place *Ind*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Louisa Gibson*

Father's Name *Wm F Briggs* Father's Birthplace *Ind*

Mother's Maiden Name *Nahaline America* Mother's Birthplace *Ind*

Name of person giving information *Resie Lancaster* How related to deceased *none*

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary *Acute Nephritis* How long *1 week.*

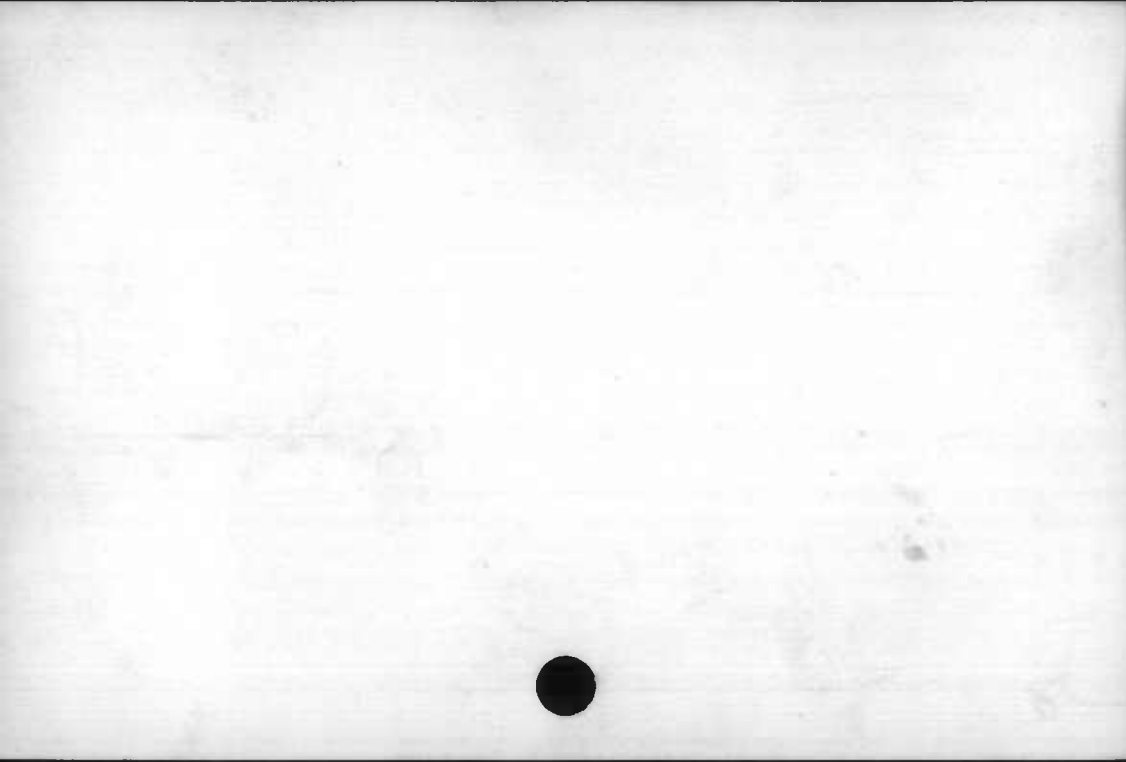
Immediate *Uraemia* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Smith.*

Address *Laurel*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles E. Brown
 Diad at ^{Town} Marlboro... ^{County} R. Geo.
 Date of death 190 9 ^{Month} July ^{Day} 14 Age ^{Years} — ^{Months} 8 — ^{Days} 6
 Sex Male Color or Race Black Birth-
 place Marlboro,
 Occupation — Where Residing if not
 at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

93

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide



Name
in
Full

James Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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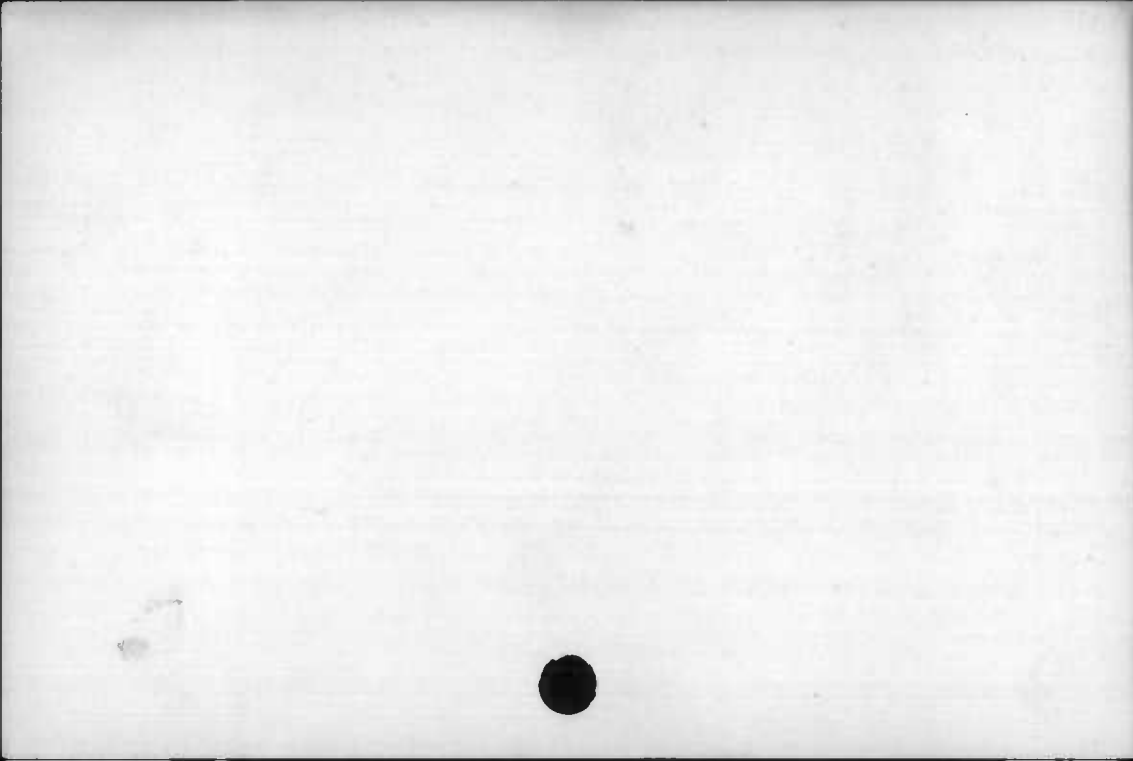
Died at <u>New Islatz</u> <small>Town</small>		<u>Prince Geo Co</u> <small>County</small>		MARYLAND	
Date of death <u>1909 Feb, 13</u> <small>Month Day</small>		Age <u>2</u> <small>Years</small>		Months <u>6</u> <small>Days</small>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>M-d</u>			
Occupation <u>child</u>		Where Residing if not at place of death <u>New Islatz Md</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wilson Calvert</u>		Father's Birthplace <u>M-d</u>			
Mother's Maiden Name <u>Mary Henson</u>		Mother's Birthplace <u>M-d</u>			
Name of person giving information <u>Wilson Calvert</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <u>measles</u>	How long <u>Two weeks</u>
Immediate <u>(Pneumonia) Asthenia</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Parker M.D.</u>
	Address <u>Congress Heights</u>
Accident or Suicide? <u>8</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Jane Carroll*

Town

*Ireland**Prince George's*

County

Date

of death *1909 Feb*

Month

Day

27th

Age

Years

75

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Maryland*

Occupation

*House work*Where Residing if not
at place of death*V*Married, Single
or Widowed*Widow*Name of Wife or
Husband*Nathan Carroll*Father's
Name*Harry Chase*Father's
Birthplace*Not known*Mother's
Maiden Name*Not known*Mother's
Birthplace*Not known*Name of person giving
information*Jenkins Campbell*How related
to deceased*Son-in-law*

CAUSES OF DEATH

154

*land*PHYSICIAN
OR CORONER

Primary

Senile debility

How long

6 months

Immediate

Exhaustion

How long

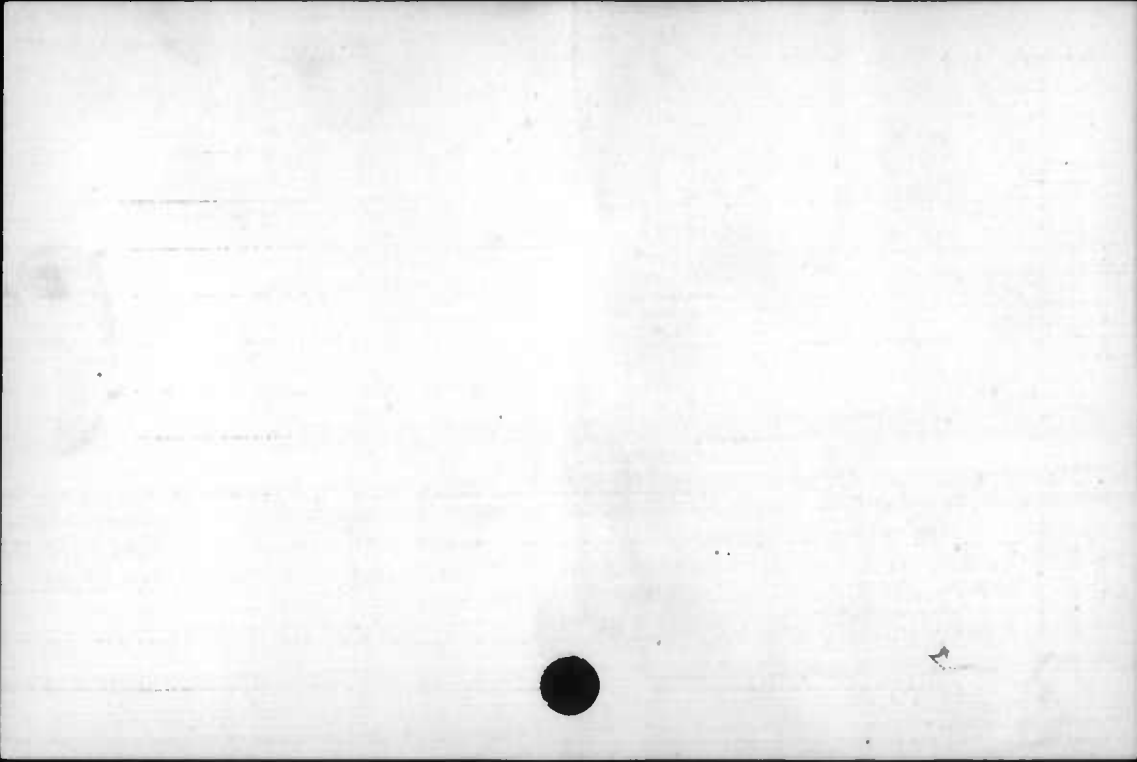
*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. J. Humber*

Address

Hal, Md.

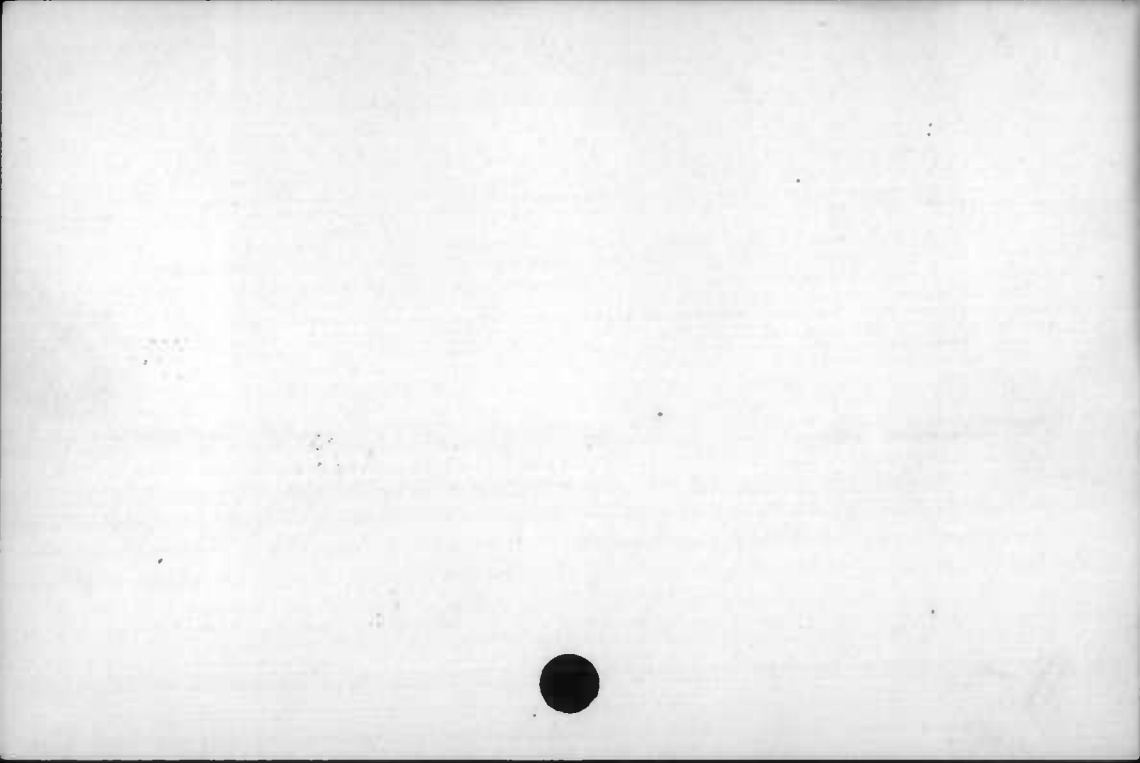
Accident or Suicide?

No



Name in Full		Charles Elmer Caslow					CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Camp Springs		Brewer		MARYLAND		
	Date of death		1909	Month 2	Day 5	Age	Years	Months	
	Sex		male		Color or Race		white		
	Occupation		none		Birth-place		md		
	Where Residing if not at place of death								
	Married, Single or Widowed		Single		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		Joseph S Caslow		Father's Birthplace		mo.		
	Mother's Maiden Name		Catherine E Lowe		Mother's Birthplace		md.		
	Name of person giving information		Joseph S Caslow		How related to deceased		Father		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Congenital weakness		How long		Since birth		
	Immediate		Collapse		How long		Few hours.		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John D. Samsbury		
	Address		Foreville				md		
Accident or Suicide?		neither							

151



Name
in
Full

Edwin Chaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marlboro ^{Town} Pr Geo ^{County}

MARYLAND

Date of death 190 9 ^{Month} July ^{Day} 3 ^{Years} Age - ^{Months} 13 ^{Days}

Sex Male Color or Race white Birth-place Pr Geo Co. Md

Occupation - Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Jas W. Chaney Father's Birthplace Calvert Co

Mother's Maiden Name Riley Mother's Birthplace " "

Name of person giving Information Jas W. Chaney How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Gastro enteritis - How long 10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

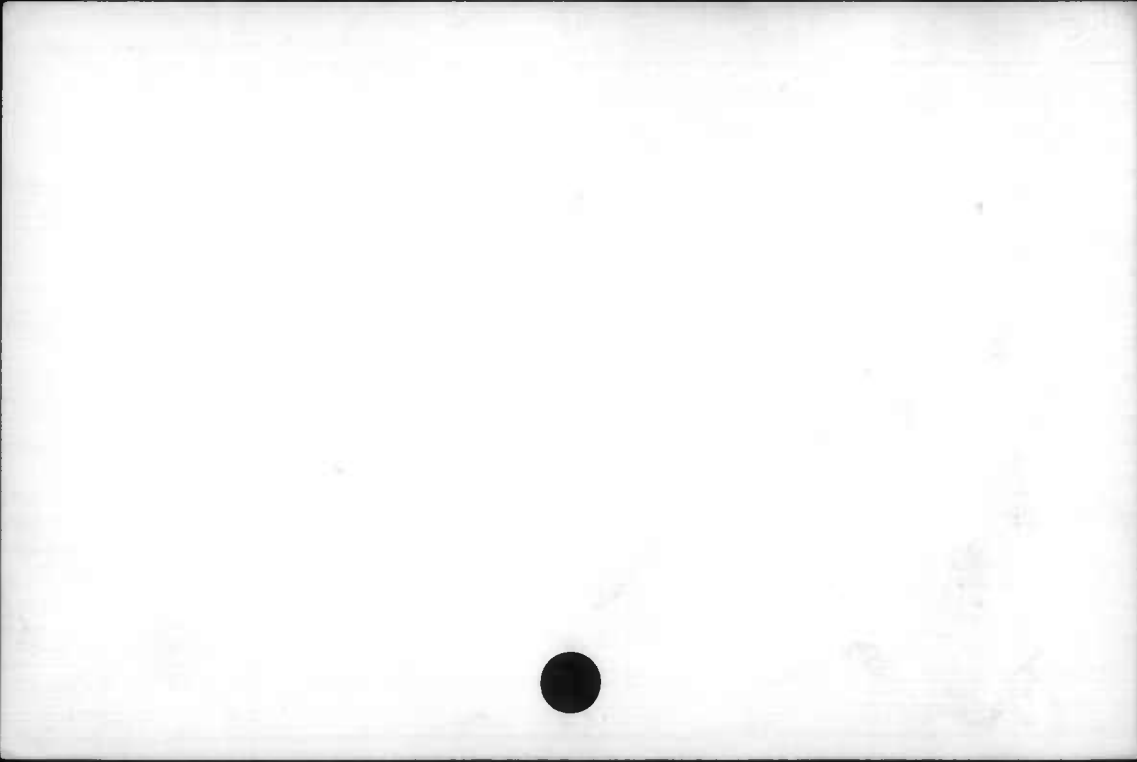
Yes

Signature of Physician

Address

Dr. J. H. Fitch
1616 Marlboro
road

Accident or Suicide



Name
in
Full

Sarah Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlbow</i>		Town <i>P. G.</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Feb.</i>	Day	<i>26</i>	Age	<i>20</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>St Marys Co Md</i>
Occupation	<i>None</i>		Where Residing if not at place of death		<i>_____</i>		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Frank Cole</i>		Father's Birthplace		
Mother's Maiden Name			<i>Ophelia Barber</i>		Mother's Birthplace		
Name of person giving information			<i>Frank Cole</i>		How related to deceased		
					<i>Father</i>		

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary	<i>Remittent Fever -</i>		How long	<i>7 weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>G French Arms</i>	
			Address	
			<i>Upper Marlbow Md</i>	
Accident or Suicide?				



Name
in
Full

Edward Coulee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Townsville P George County MARYLAND

Date of death 1909 2 Month 21 Day 2 Years — Months — Days

Sex male Color or Race Black Birth-place md

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedSingleName of Wife or
Husband—Father's
NameEdward CouleeFather's
BirthplacemdMother's
Maiden NameEmma AddisonMother's
BirthplacemdName of person giving
InformationEdward CouleeHow related
to deceasedFather

CAUSES OF DEATH

6PHYSICIAN
OR CORONER

Primary

measles

How long

1 week

Immediate

Pneumonia

How long

30 daysAre the name, age, sex, color, data
and place correctly given above?yesSignature of
Physician

Address

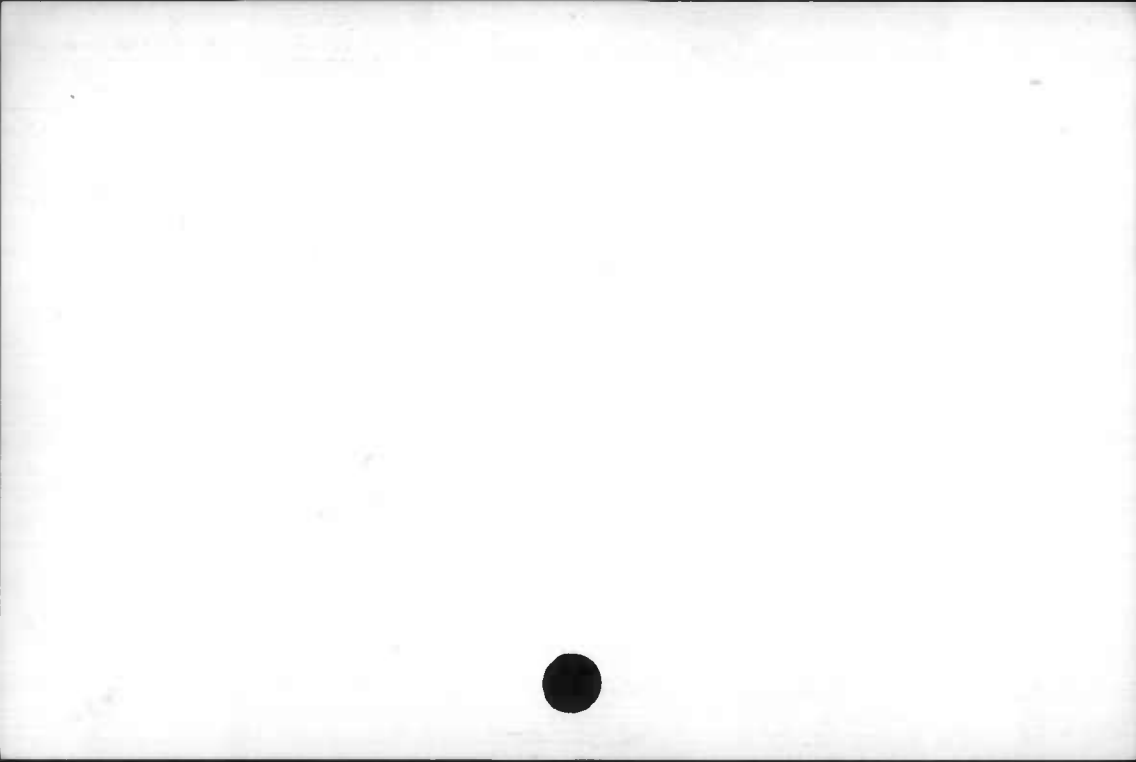
John E. Gauschamps

Townsville

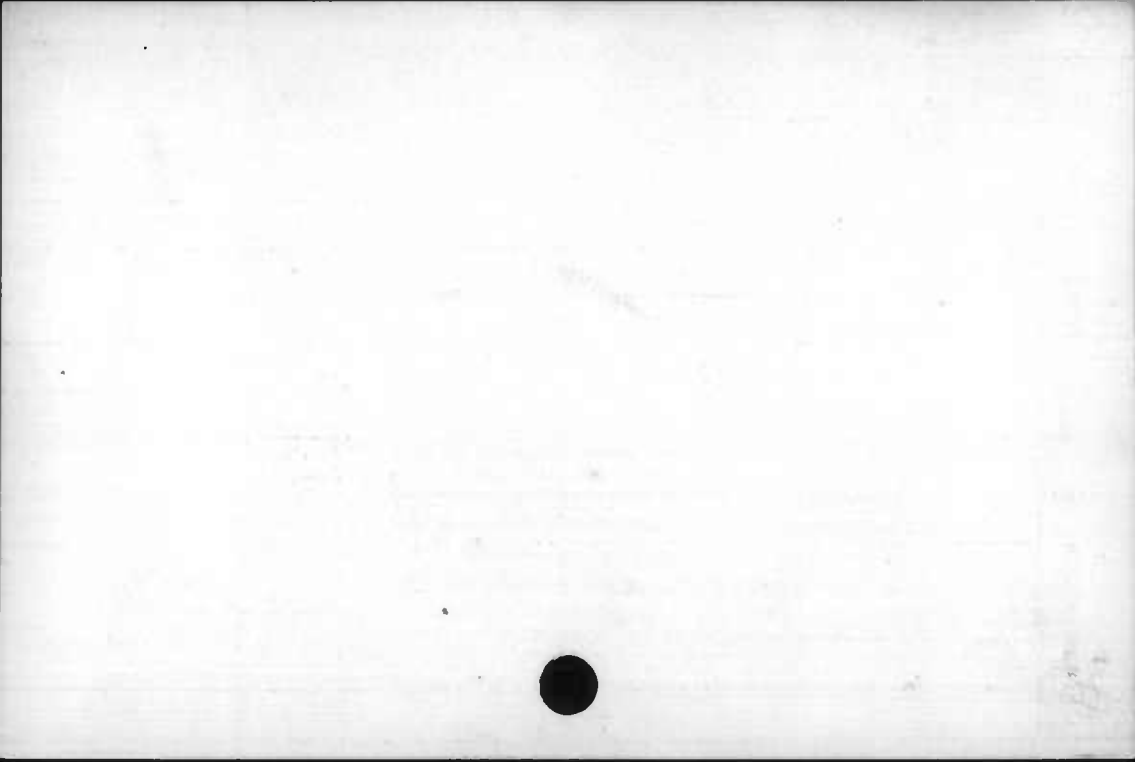
md

Accident or Suicide

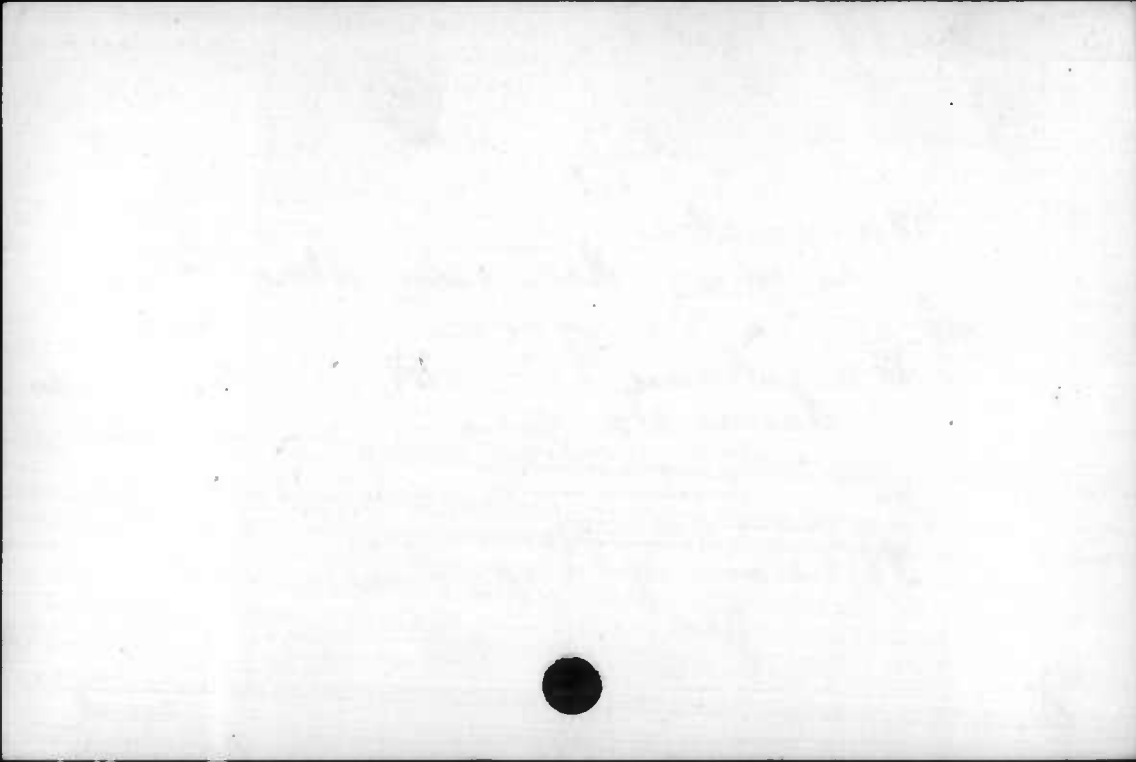
neither



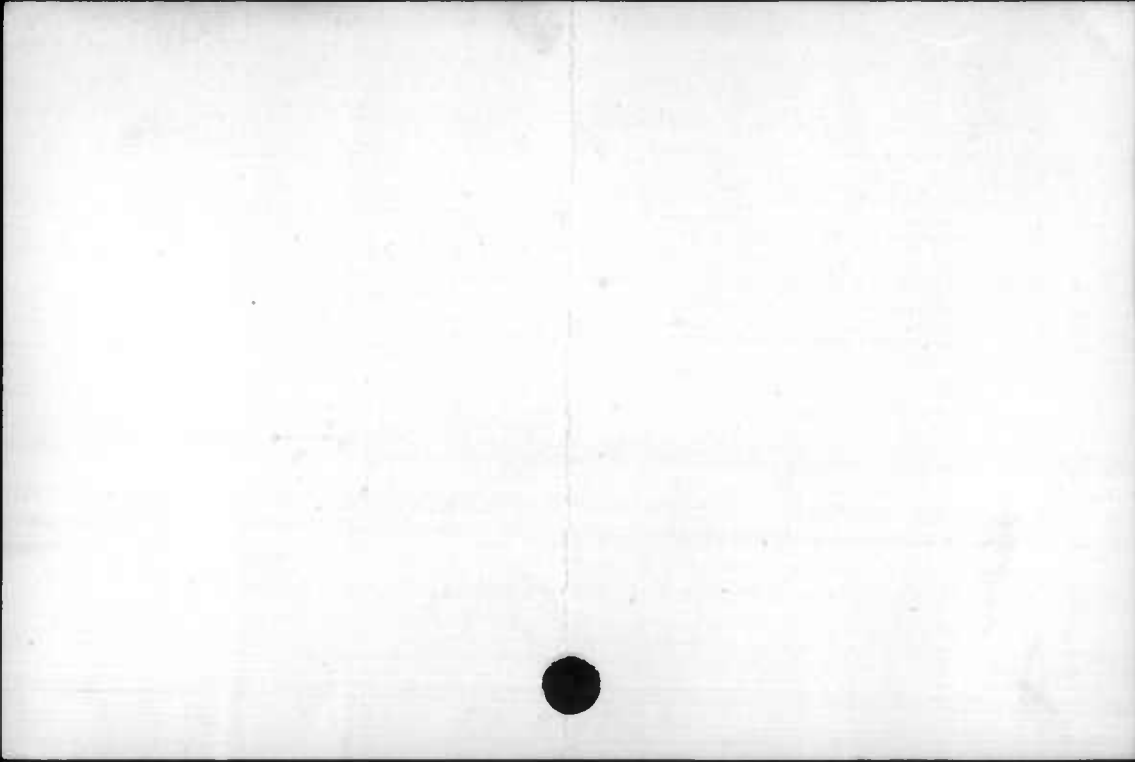
Name in Full		Geo. D. Davidson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Laurel		Pr Geo		MARYLAND	
	Date of death	1909	Feb	15	Age	44	Months 9
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Carpenter		Where Residing if not at place of death	Laurel		
	Married, Single or Widowed	Married		Name of Wife or Husband	Sallie Davidson		
	Father's Name	Nicholas Davidson				Father's Birthplace	MD
	Mother's Maiden Name	Christiana Ehrhart				Mother's Birthplace	Germany
	Name of person giving information	Sallie Davidson				How related to deceased	Wife
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(170)</div>							
PHYSICIAN OR CORONER	Primary	Exposure				How long	1 1/2 hrs.
	Immediate	Pulmonary Congestion				How long	2 1/4 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. D. Hunt	
					Address	Laurel, Md	
Accident or Suicide?		—					



Name in Full		Mattie Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Days	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Mother's Maiden Name		Father's Birthplace	
PHYSICIAN OR CORONER		Date of death		Month		Days	
		Age		Years		Months	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		How related to deceased			
Name of person giving information							
		CAUSES OF DEATH		27			
Primary		Miliary Tuberculosis		How long		2 months	
Immediate		Exhaustion		How long		24 hours	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John A. Coe	
				Address		L.B.	
Accident or Suicide?		neither					



Name in Full Many Duckett		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at L.B. Town		7th L. County
	Date of death 1909 Month 2 Day 10		Age 3 Years Months Days
	Sex female Color or Race Colored		Birth-place Ind.
	Occupation none		Where Residing if not at place of death
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Henry Duckett	Father's Birthplace Ind.	
	Mother's Maiden Name Jane Weaver	Mother's Birthplace Ind.	
Name of person giving information Henry Duckett		How related to deceased father	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-left: 10px;">27</div>			
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis		How long 2 or 3 months
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John A. Cor
			Address L.B.
<div style="border: 1px solid black; padding: 5px;">Accident or Suicide?</div>			



Name
in
Full

Hattie May Duke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

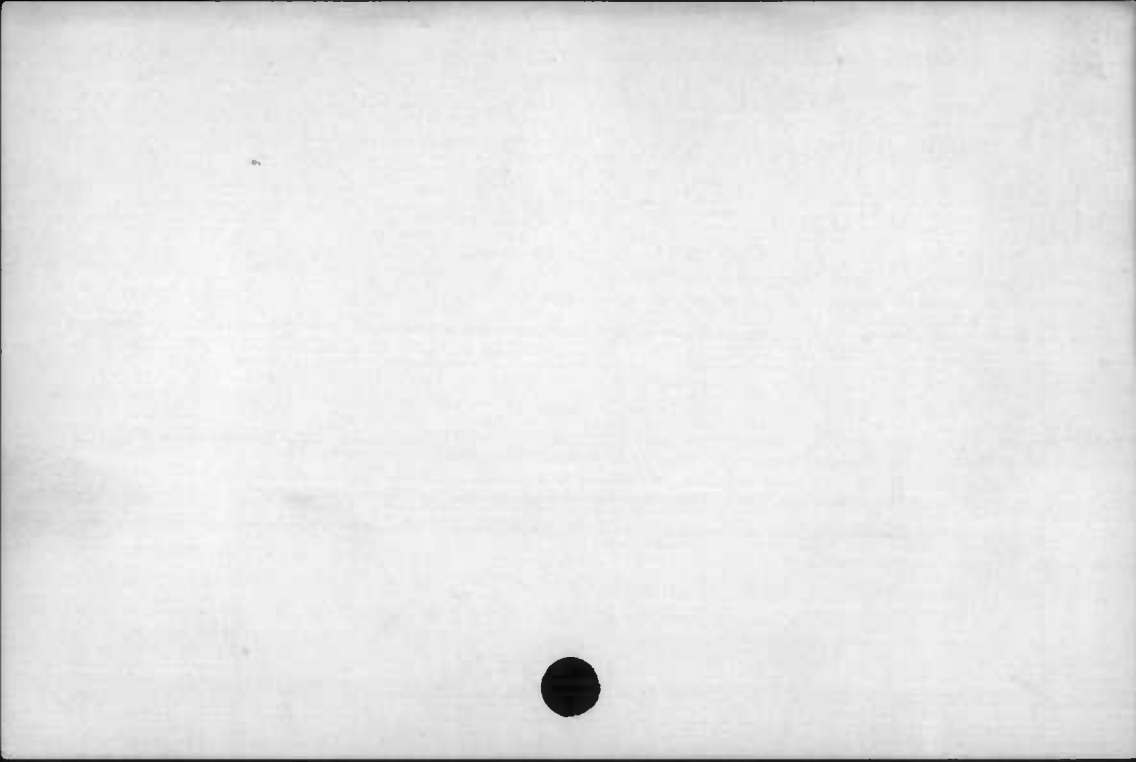
Died at ^{Town} <i>Brunswick</i>		^{County} <i>Pr. George</i>		MARYLAND	
Date of death	1909	Month	Feb	Day	12 th
Age	20	Years	2	Months	2
Sex	Female	Color or Race	White	Birth place	St. Georges Md.
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Egbert H. Duke		
Father's Name	James E. Willett			Father's Birthplace	D.C.
Mother's Maiden Name	Edwina Cleves.			Mother's Birthplace	va
Name of person giving information	Jessie Miller			How related to deceased	Sister in law.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Pulm.</i>	How long	<i>2 yrs.</i>
Immediate	<i>Asthenia</i>	How long	<i>2 mo.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. Ginn Suter</i>
Yes		Address	<i>13. H. N.E. Washington D.C.</i>
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

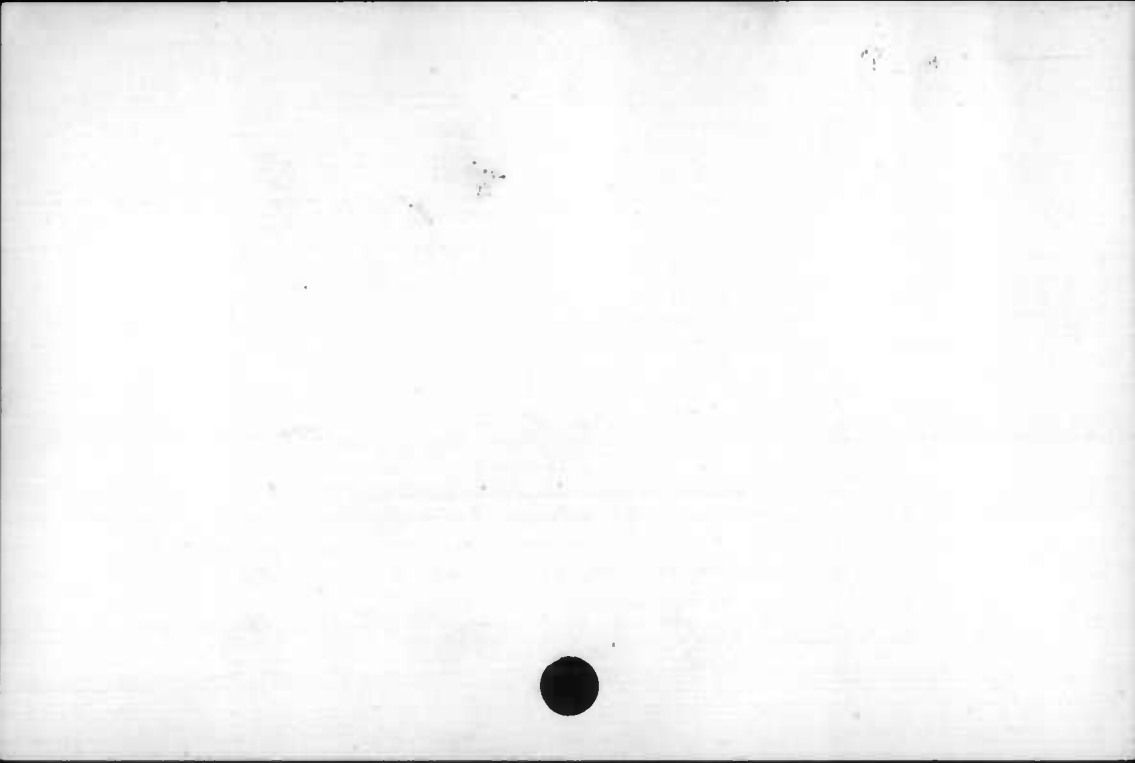
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Craque Sta</i> Town		<i>Forbes</i> County		P. G.	
Date of death <i>1909</i> Month <i>July</i> Day <i>11</i>		Age <i>21</i> Years <i>6</i> Months <i>0</i> Days		MARYLAND	
Sex <i>Male</i>		Color or Race <i>Caucasoid</i>		Birth-place <i>Crom Sta Md</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William H Forbes</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Susie Ford</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>W H Forbes</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still borne</i>	How long <i>8</i>
Immediate <i>Unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Crom Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

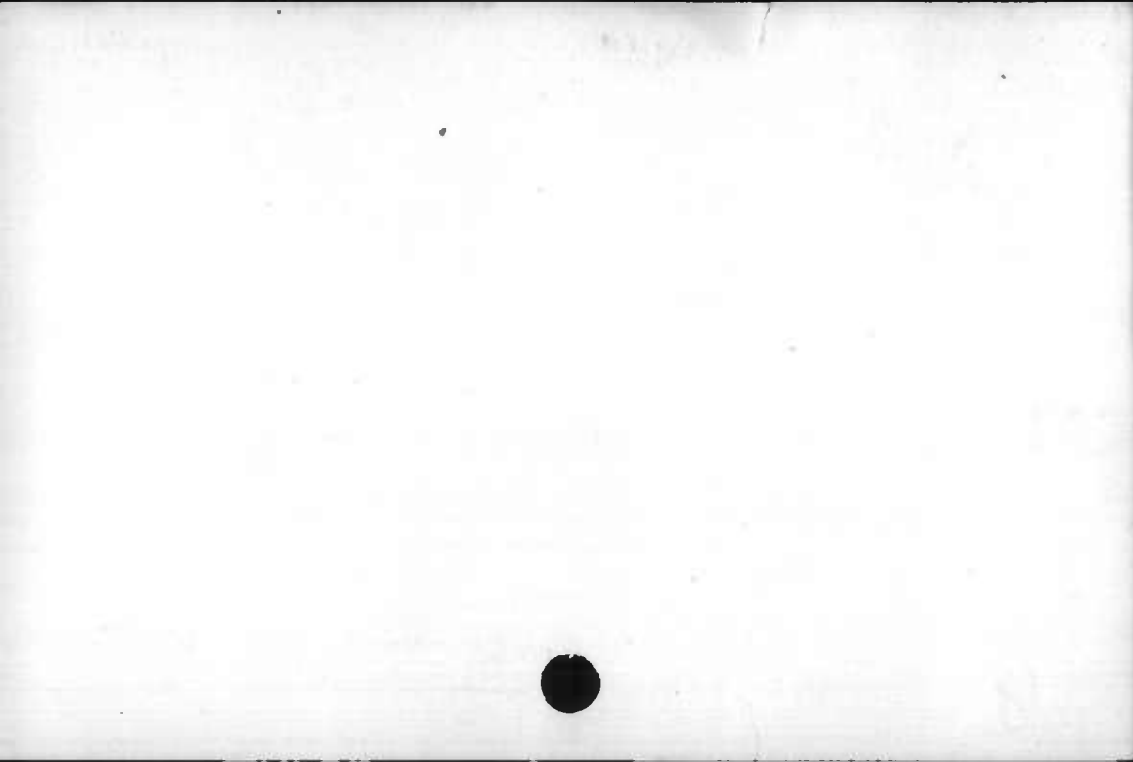
Died <i>near Aquasco</i>		Town <i>Prince George</i>		County		MARYLAND	
Date of death	1909	Month	Feb	Day	2	Age	Years
Sex <i>Male</i>		Color or Race <i>Mulatto</i>		Birth-place <i>Maryland</i>		Months <i>5</i>	
Occupation				Where Residing if not at place of death <i>At home</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John S. Smallwood</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Florence Fowler</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Thomas Fowler</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>I did not see it until today</i>	How long	<i>2 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>Dying when I first saw it</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mrs. A. Marbury</i>	
Address <i>Aquasco, Maryland</i>		Address <i>Aquasco, Maryland</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Ella E Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *1 Town Nottingham Or Geo* County

MARYLAND

Date of death *1909 Feb 7* Month Day Age Years *42*

Months Days

Sex *Female* Color or Race *White*Birth-place *P. H. & md*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Thomas B Gibbons*Father's Name *Thomas Rawlings*Father's Birthplace *P. H. & md*Mother's Maiden Name *Elizabeth Garner*

Mother's Birthplace " " "

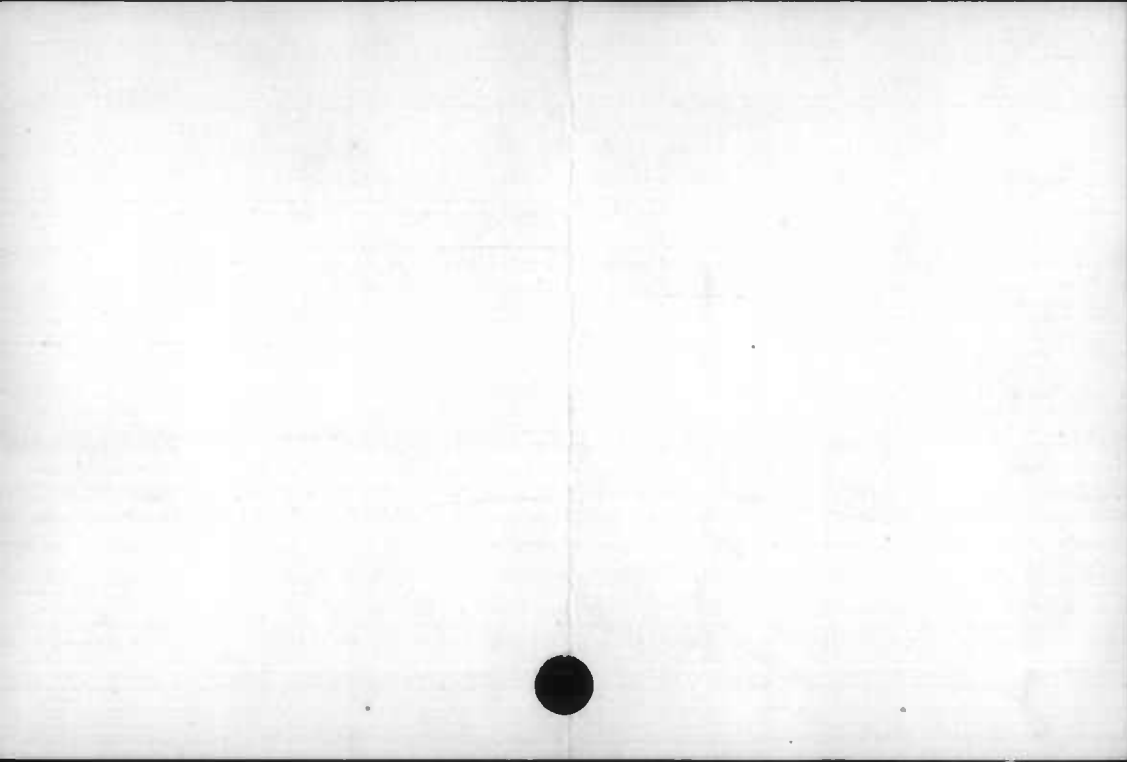
Name of person giving information *Thos B. Gibbons*How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Tuberculosis*How long *1 year*Immediate *Asthma*How long *10 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. H. Gibbons*Address *Croom md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James T. Grimes* Town *Oxon Hill* County *Pr. Geo.*
Died at *Oxon Hill* *Pr. Geo.* **MARYLAND**
Date of death *1909* Month *2* Day *20* Age *67* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Md.*
Occupation *Merchant* Where Residing if not at place of death
~~Married, Single~~
~~Widowed~~ Name of Wife or Husband *Katherine Anne Baden*
Father's Name *Jeremiah J. Grimes* Father's Birthplace *D.C.*
Mother's Maiden Name *Elizabeth Barnett* Mother's Birthplace *Md.*
Name of person giving Information *Walter Grimes* How related to deceased

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary *Chronic cystitis* How long *10 yrs.*
Immediate *Emaciation + Exhaustion* How long *6 mrs.*
Are the name, age, sex, color, data and place correctly given above? *Yes*
Signature of Physician *E. J. Simpson M.D.*
Address *Rosecroft, Md.*
Accident or Suicide



Name
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CERTIFICATE OF DEATH

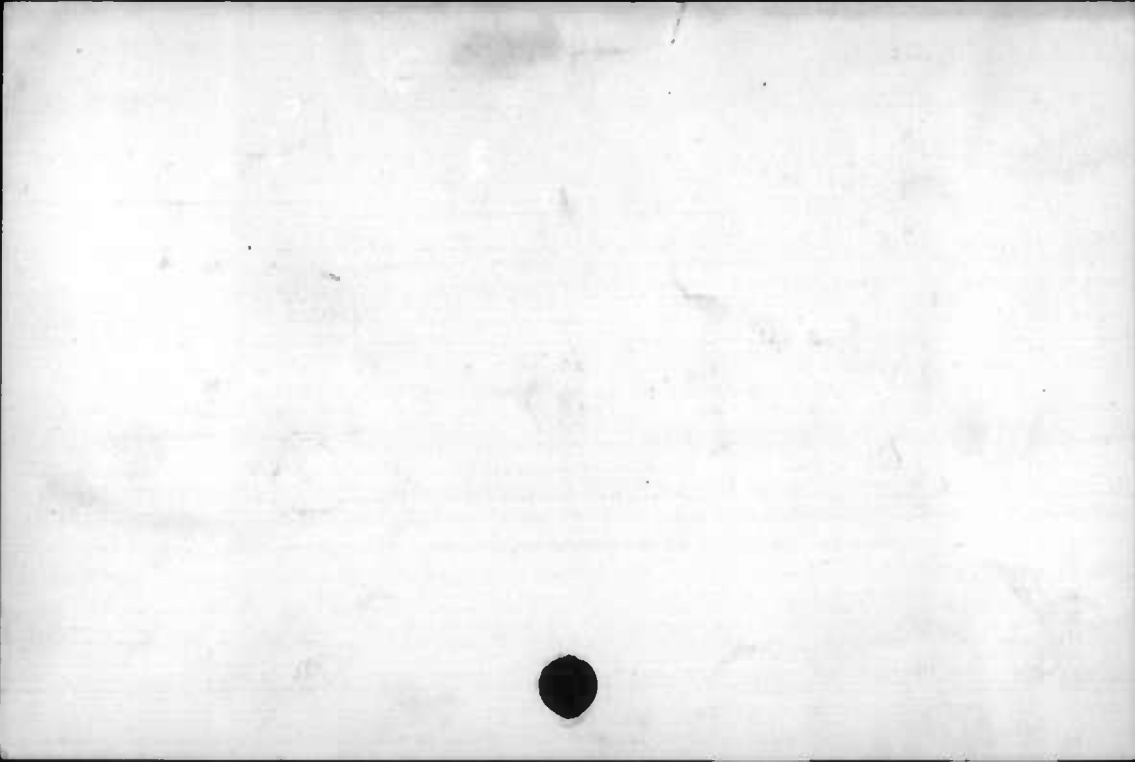
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Orme</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death		1909	Month <i>Feb</i>	Day <i>6</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Girl</i>		Color or Race <i>Colored</i>		Birth-place <i>Orme Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Geo Gross</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Hazelman</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Geo Gross</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. H. Brown</i>	
		Address <i>Aquasco Md</i>	
Accident or Suicide? <i>No.</i>			



Name
in
Full

Cornelia A. Hardisty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Green Cove Town P. R. County

Date of death 1907 Month Feb. Day 9 Age 78 Years Months — Days 21

Sex Female Color or Race White Birth-place A. A. Co

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Addison Hardisty

Father's Name John V. Gray Father's Birthplace Unknown

Mother's Maiden Name Elizabeth Jenkins Mother's Birthplace Unknown

Name of person giving information Son How related to deceased Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONERPrimary Valvular Heart Disease

How long

5 yrsImmediate Cerebral Hemorrhage

How long

9 mos

Are the name, age, sex, color, date and place correctly given above?

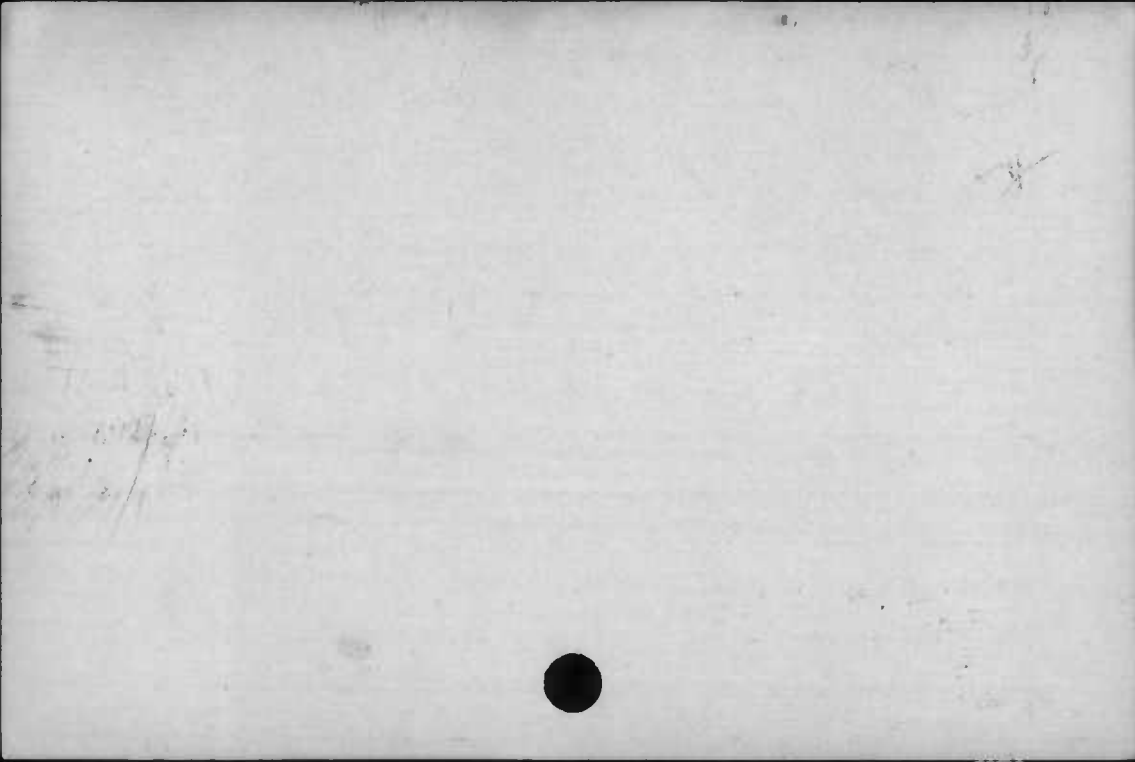
Signature of Physician

Yes

Address

B. R. Davidson
Dardenville, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

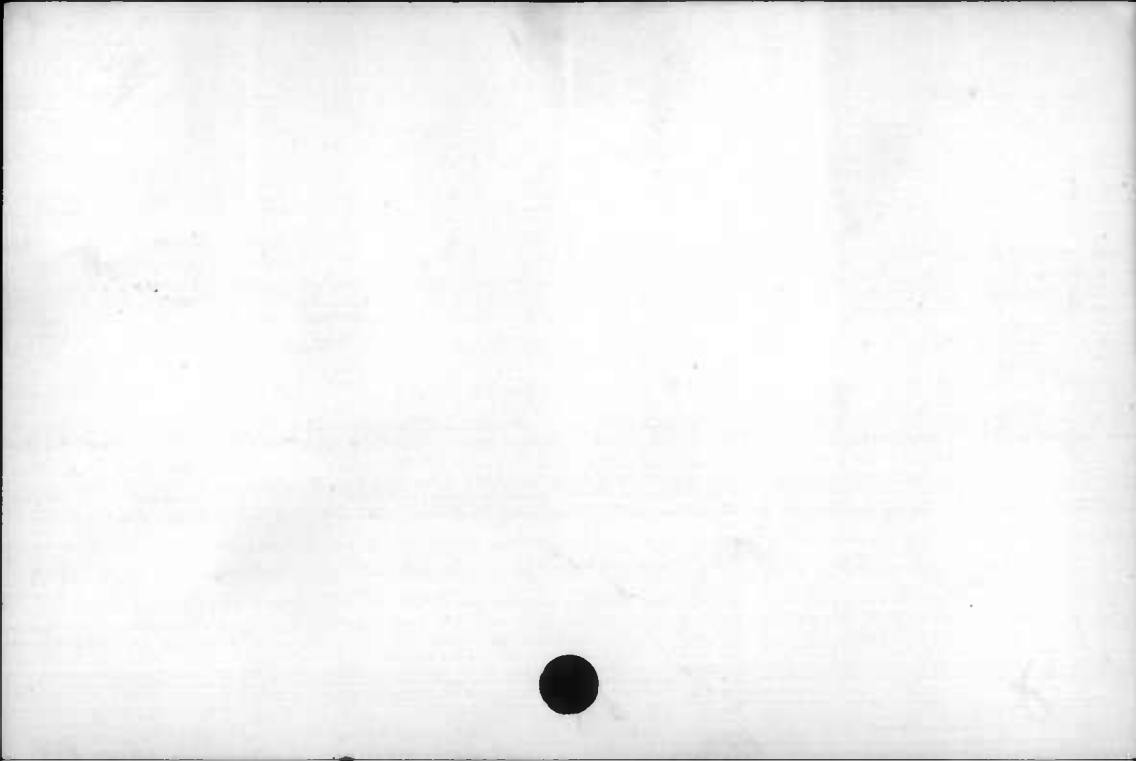
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forrestville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>2</i> ^{Month}	<i>9</i> ^{Day}	Age <i>8.3</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>Mulatto</i>	Birth-place <i>md.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth Harley</i>				
Father's Name <i>John Harley</i>	Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>William T. Harley</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>8 days</i>
Immediate <i>asthenia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Baughman</i>
Accident or Suicide? <i>neither</i>	Address <i>Forrestville md.</i>



Name
in
Full

John Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bosom</i>		Town		<i>Prince Geo</i>		County		MARYLAND	
Date of death <i>1909 Aug 9</i>		Month		Day		Year		Months	
Age <i>57</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Days			
Sex <i>Man</i>		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Jurgles</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>							
Father's Name <i>Unknown</i>		Father's Birthplace							
Mother's Melden Name <i>Unknown</i>		Mother's Birthplace							
Name of person giving Information		How related to deceased							

CAUSES OF DEATH

166

Primary

How long

Immediate

Struck by train

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. L. Mullen Coroner

Address

Coleman Md

Accident or Suicide

Accident



Name
in
Full

Lillie Hodge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Forestville ^{County} Prince George MARYLAND

Date of death 1909 Month 2 Day 27 Age 24 Months Days

Sex Female Color or Race Black Birth-place Md.

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Jerry Hodge

Father's Name Thomas Nichols Father's Birthplace Md.

Mother's Maiden Name unknown Mother's Birthplace Md.

Name of person giving Information Jerry Hodge How related to deceased Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

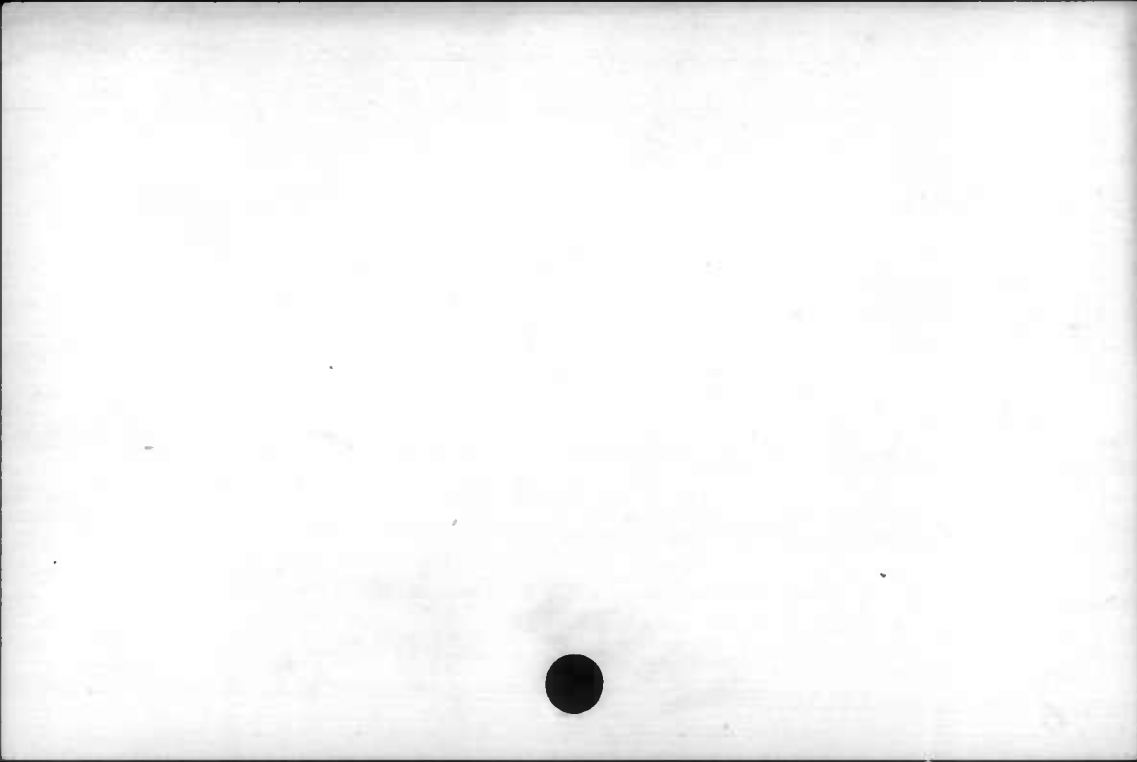
Primary acuti Tuberculosis How long 6 months

Immediate Asthenia How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John E. Daugherty M.D.

Address Forestville Md

Accident or Suicide neither,



Name
in
Full

Ira B. Howe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

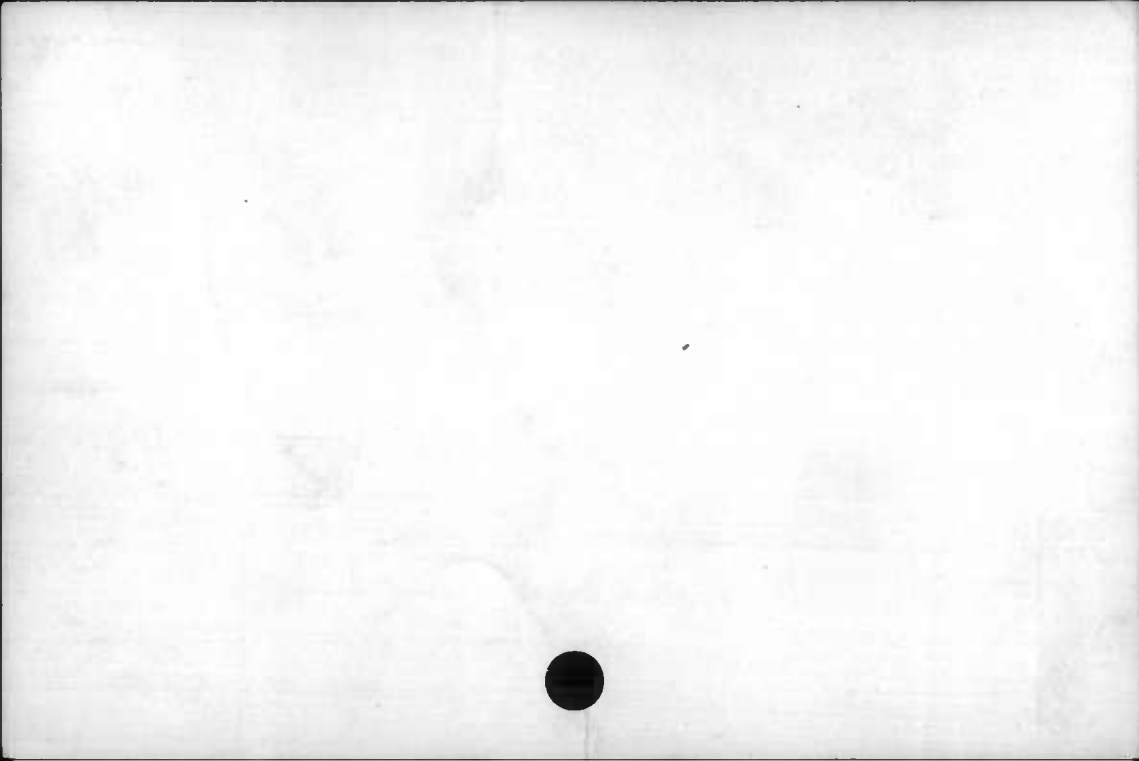
Died at <i>Riverdale</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1909 Feb.</i> <small>Month</small>		<i>5th</i> <small>Day</small>	Age <i>85</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>not known</i>	
Occupation <i>chair maker</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>not known</i>			
Father's Name <i>I do not know</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>I do not know</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information		How related to deceased <i>—</i>			

CAUSES OF DEATH

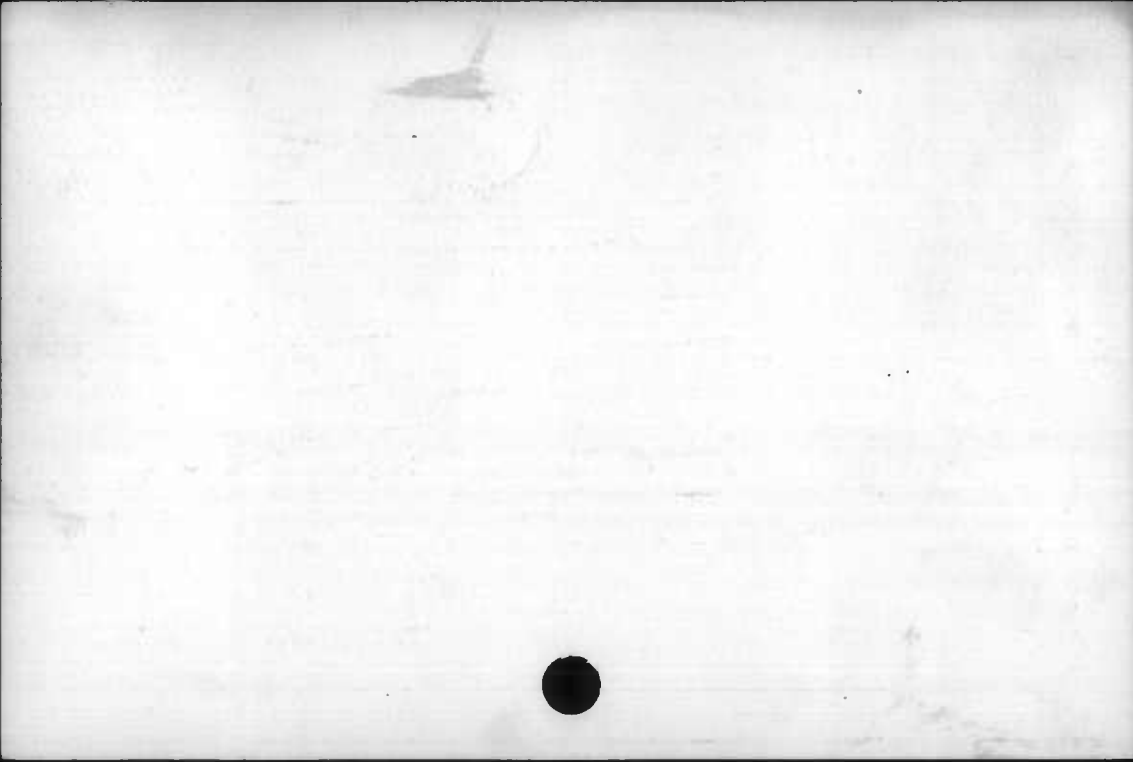
120

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>2 yrs.</i>
Immediate <i>Uremia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. R. Hecox</i>
	Address <i>1014 14th Wash. D. C.</i>
Accident or Suicide?	



Name in Full		Eckhard Duke				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at	Callington		P. G. County		MARYLAND						
	Date of death	1909	Month	Feb	Day	29	Age	78	Months	—	Days	—
	Sex	Male		Color or Race	Black		Birth-place	P. G. Co. Ind.				
	Occupation	Leather		Where Residing if not at place of death		—						
	Married, Single or Widowed	Married		Name of Wife or Husband	Dorothy Duke							
	Father's Name	Willis Duke					Father's Birthplace	P. G. Co. Ind.				
	Mother's Maiden Name	McGraw					Mother's Birthplace	McGraw				
	Name of person giving information	Jas. W. Fletcher					How related to deceased	Son-in-law				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Rheumatism					How long	Several months				
	Immediate	Coronary Arteriosclerosis					How long	—				
	Are the name, age, sex, color, date and place correctly given above?					Yes						
	Signature of Physician					J. M. Durrall M.D.						
Address					Springfield Ind.							
Accident or Suicide?					No							



Name
in
Full

Infant of Jerry & Ida Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

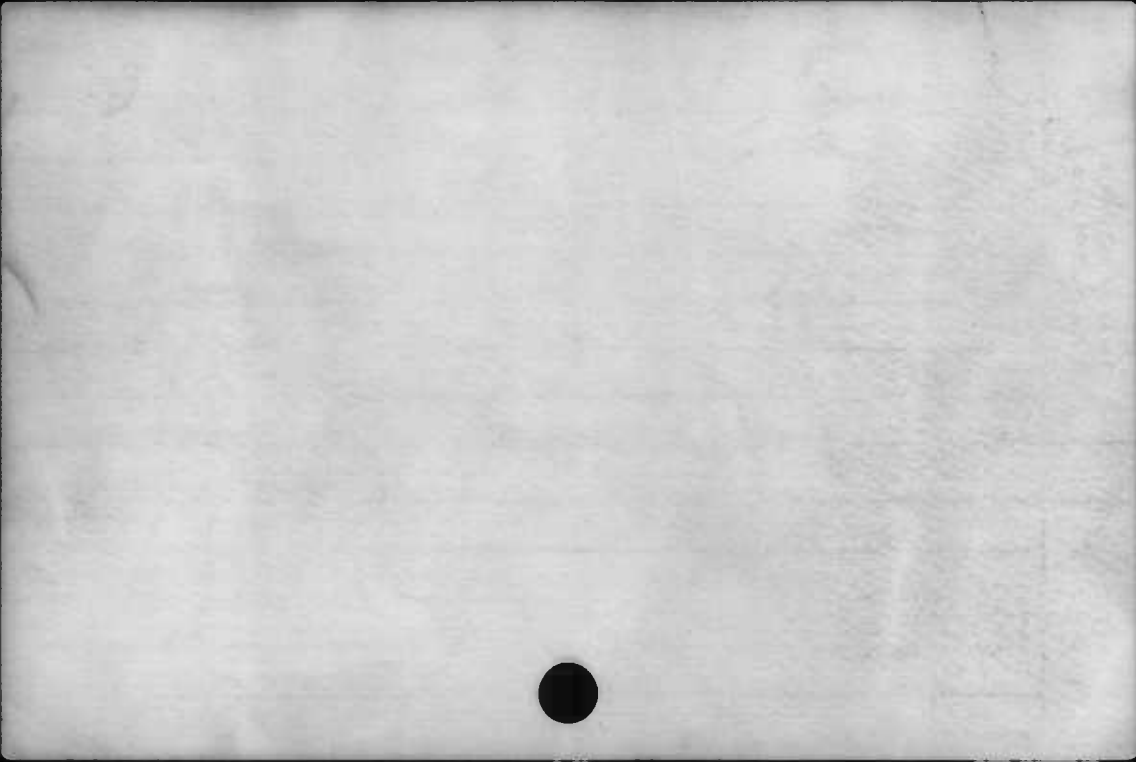
Died at <i>Brentwood</i> ^{Town}			<i>Pr. Geo.</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Feb</i>	Day <i>18</i>	Age	Months <i>1</i>	Days <i>7</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Brentwood</i>		
Married, Single or Widowed <i>_____</i>			Occupation <i>_____</i>			
Name of Wife or Husband <i>_____</i>						
Father's Name <i>Jerry Johnson</i>				Father's Birthplace <i>Annapolis Co</i>		
Mother's Maiden Name <i>Ida Plummer</i>				Mother's Birthplace <i>Pr. Geo Co</i>		
Name of person giving information <i>Jerry Johnson</i>				How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Inanition & weakness</i>	How long <i>5 weeks</i>
Immediate <i>Sudden collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Oklander, M.D.</i>
	Address <i>Brentwood - Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

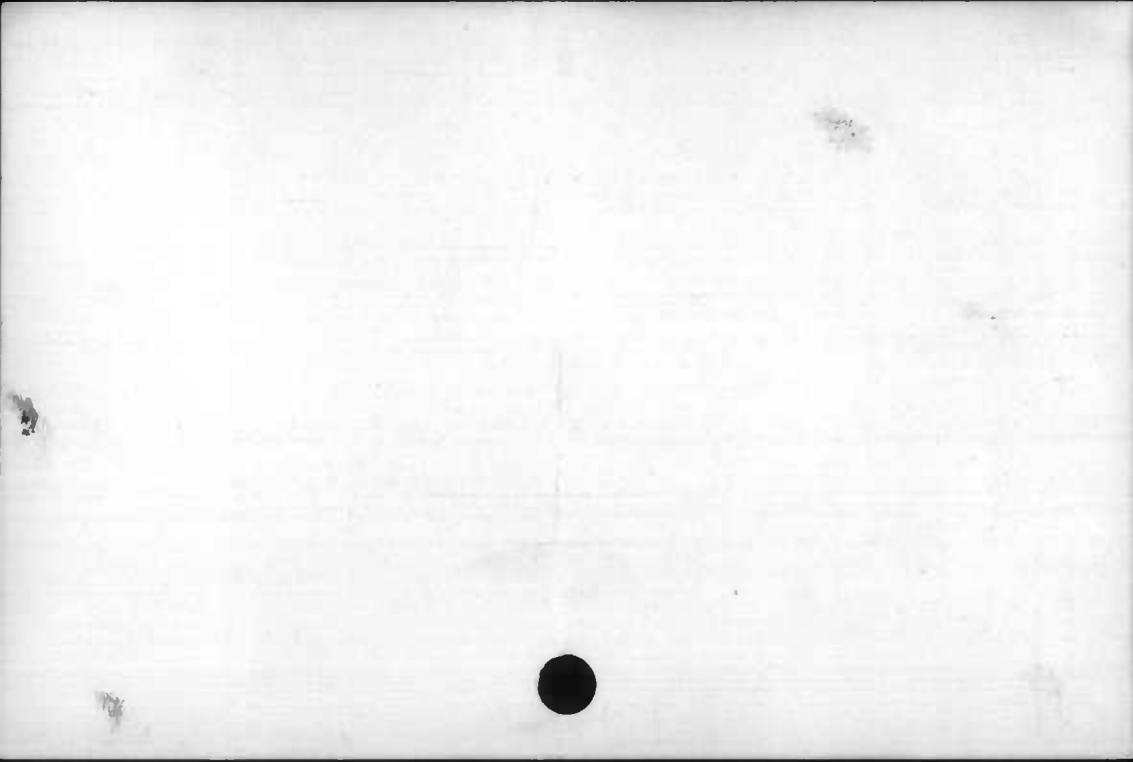
Name in Full <i>Mary L. Johnson</i>		Town <i>Lanham</i>		County <i>Potomac</i>		State <i>MD</i>	
Died at <i>Lanham</i>		Date of death <i>1909</i>		Age <i>51</i>		Months <i>9</i>	
Month <i>July</i>		Day <i>21</i>		Years <i>51</i>		Days <i>..</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>House Wfvr</i>		Where Residing if not at place of death <i>near Lanham</i>					
Married, Single or Widowed <i>Yes</i>		Name of Wife or Husband <i>Phillip Johnson</i>					
Father's Name <i>David Beall</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Sarah A Smith</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Phillip Johnson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac trouble</i>	How long <i>6 hrs</i>
Immediate <i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Brown</i>
	Address <i>Lanham MD</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

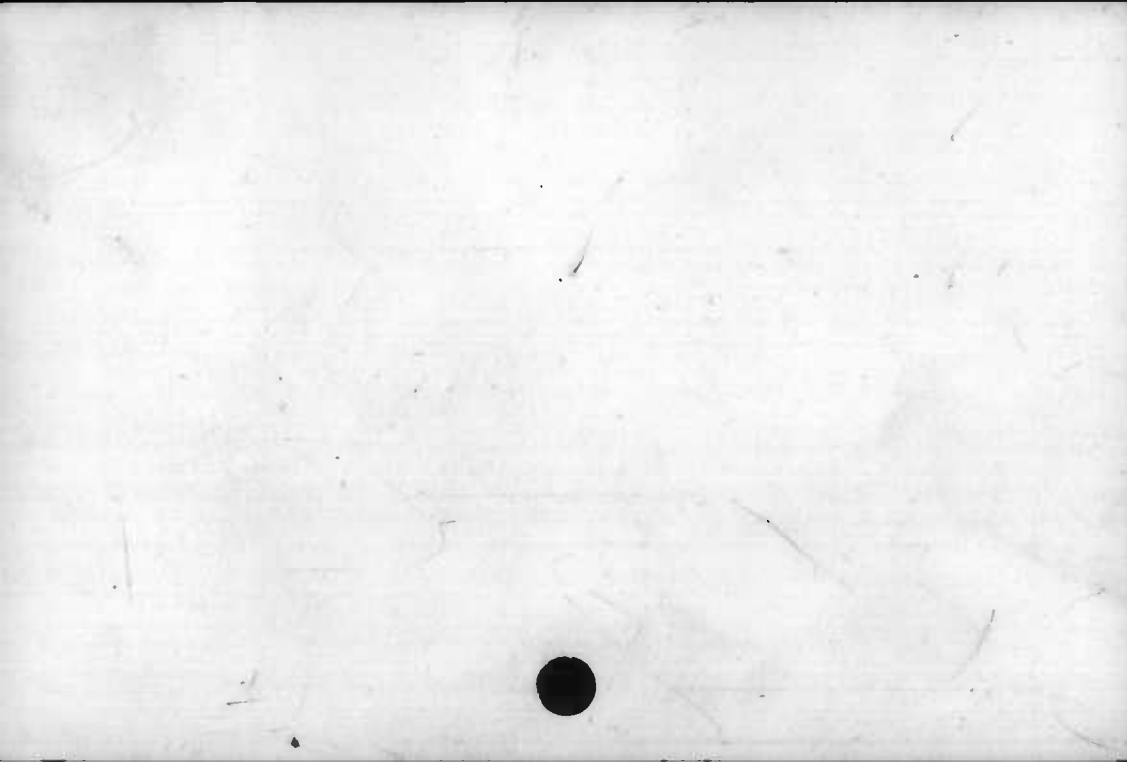
Died at <i>Heaps, Md</i>		Town <i>P. Lee</i>		County <i>St. Louis</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>2</i>	Day	<i>17</i>	Age	<i>34</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Charles W. Ganhan</i>			
Father's Name	<i>Joseph H. Ireland</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Sarah E. Phelps</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Wallace Ireland</i>				How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis.</i>	How long	<i>5 mos.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Russell Sasser</i>		
	Address <i>Upper Marlboro Md</i>		
Accident or Suicide?			



Name
in
Full

Ludwig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

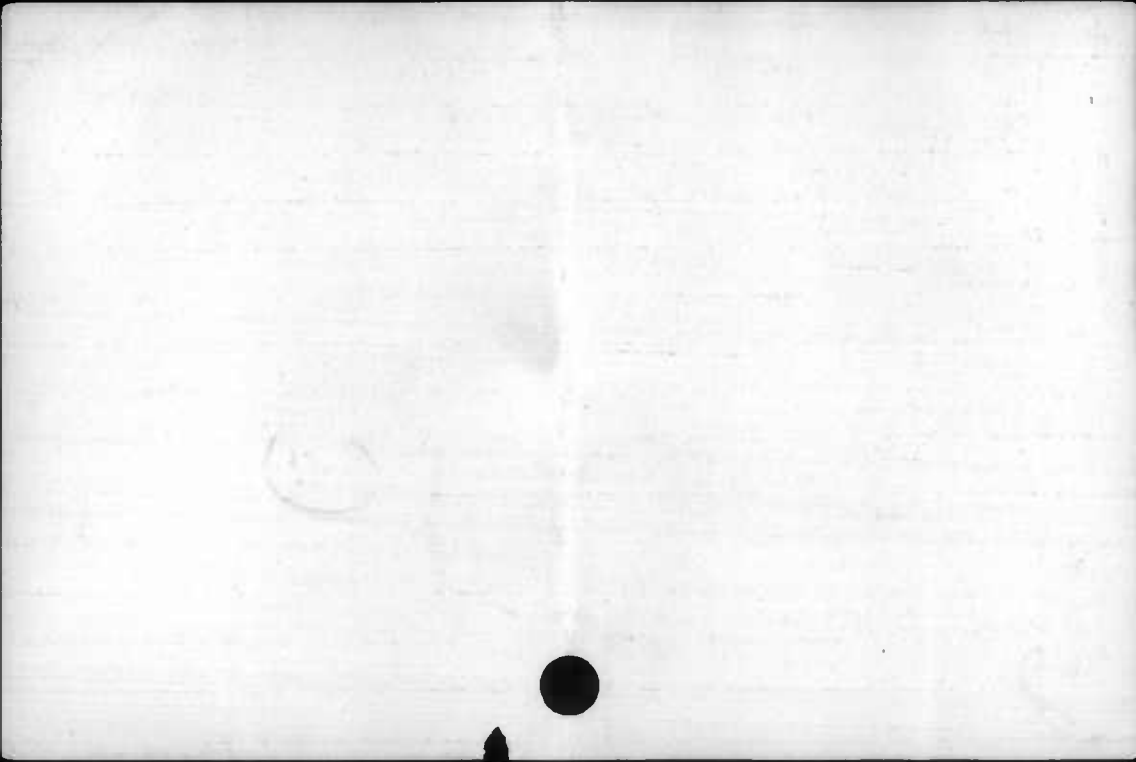
Died at <i>Cottage City</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>26</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cottage City Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		

Married , Single or Widowed	Name of Wife or Husband <i>—</i>
Father's Name <i>Edwin T. Ludwig</i>	Father's Birthplace <i>N. Y.</i>
Mother's Maiden Name <i>Mamie R. Trullion</i>	Mother's Birthplace <i>N. Y.</i>
Name of person giving Information <i>Edwin T. Ludwig</i>	How related to deceased <i>Father.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Birth due to compression of cord</i>	How long <i>A few hours</i>
Immediate <i>Asphyxia Neonatorum</i>	How long <i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph H. Gardner M.D.</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide? <i>No</i>	<i>Md</i>



Name
in
Full

Ellen Mc Mahon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

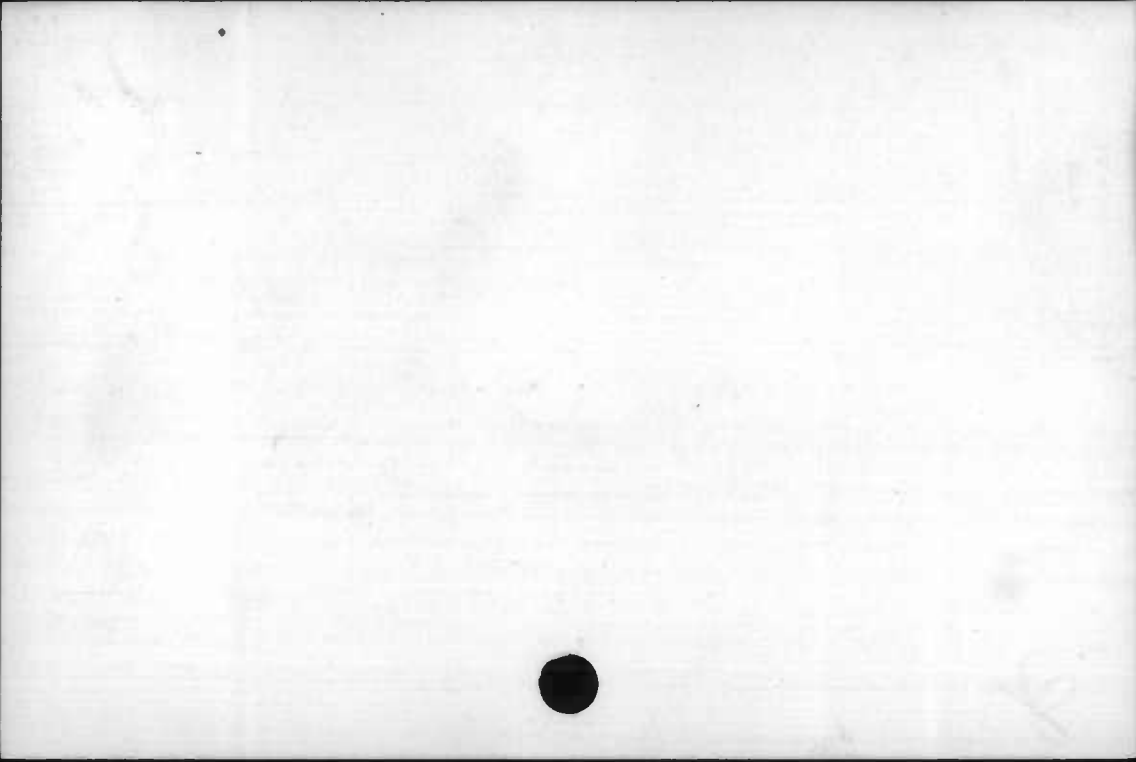
Died at <i>Laurel</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>February</i> ^{Month}	<i>6</i> ^{Day}	Age <i>70</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Unknown</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Washington D.C.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Mrs B. Roylston</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Unknown</i>
Immediate <i>Exhaustion, Melancholia & Tuberculosis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Emelux & Wiles</i>
<i>X</i>	Address <i>Laurel Sanitarium</i>
	<i>Laurel, Maryland</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Idalia Marshall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

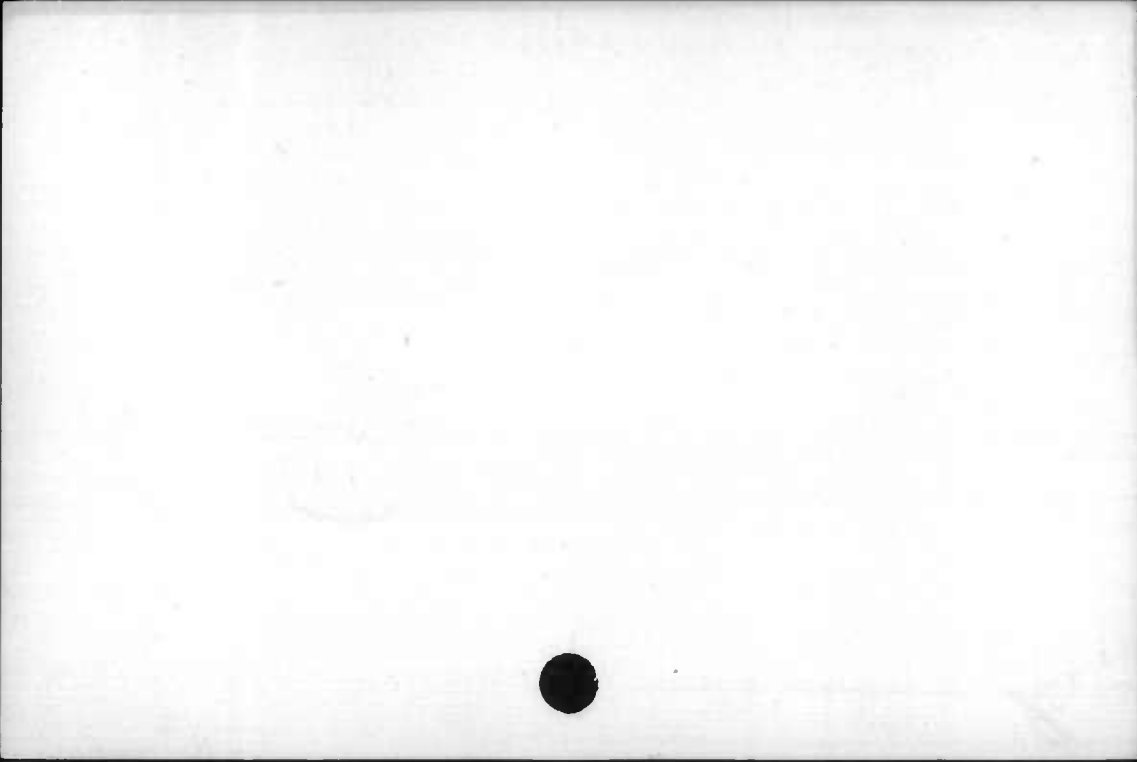
Died at <i>near T. B.</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death <i>1909 Feb'y</i>	Month <i>23</i>	Day <i>23</i>	Years <i>8</i>	Months <i>8</i>	Days <i>8</i>
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Dennis E. Marshall</i>			Father's Birthplace <i>Chas Co. Md</i>		
Mother's Maiden Name <i>Harriet Ann Jackson</i>			Mother's Birthplace <i>Pr Geo, 11</i>		
Name of person giving information <i>Dennis E. Marshall</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

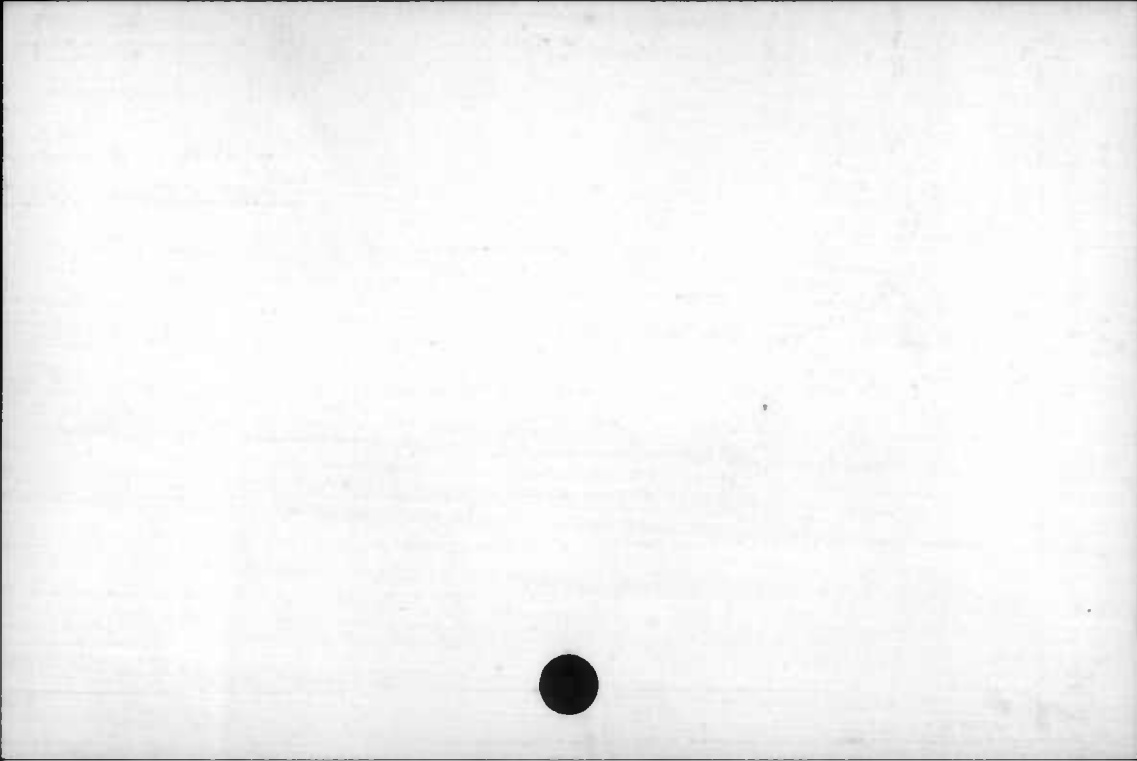
179

PHYSICIAN
OR CORONER

Primary <i>weak & delicate from birth</i>	How long <i>from birth</i>
Immediate <i>Exhaustion.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>Acting Coroner</i> <i>William H. Squires, Jr.</i>
<i>Yes.</i>	Address <i>Brandywine</i> <i>Pr Geo Co Md</i>
Accident or Suicide?	



Name in Full		Richard E Matthews				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Muirkirk</i> ^{Town}		County <i>Pc Geo</i>		MARYLAND									
		Date of death	1909	Month	Feb.	Day	2	Age	23	Years	10	Months		Days	
		Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>md</i>						
		Occupation	<i>Laborer</i>				Where Residing if not at place of death								
		Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Carrie Tibbo</i>								
		Father's Name	<i>George Matthews</i>						Father's Birthplace	<i>md</i>					
		Mother's Maiden Name	<i>Amy Johnson</i>						Mother's Birthplace	<i>md</i>					
		Name of person giving information		<i>Frank Matthews</i>				How related to deceased	<i>Brother</i>						
		CAUSES OF DEATH						114							
PHYSICIAN OR CORONER		Primary		<i>Abscess of Liver</i>				How long		<i>2 Months</i>					
		Immediate		<i>Pycemia</i>				How long		<i>3 days.</i>					
		Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>				Signature of Physician		<i>J. R. Hunt.</i>					
								Address		<i>Laurel md</i>					
		Accident or Suicide?													



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

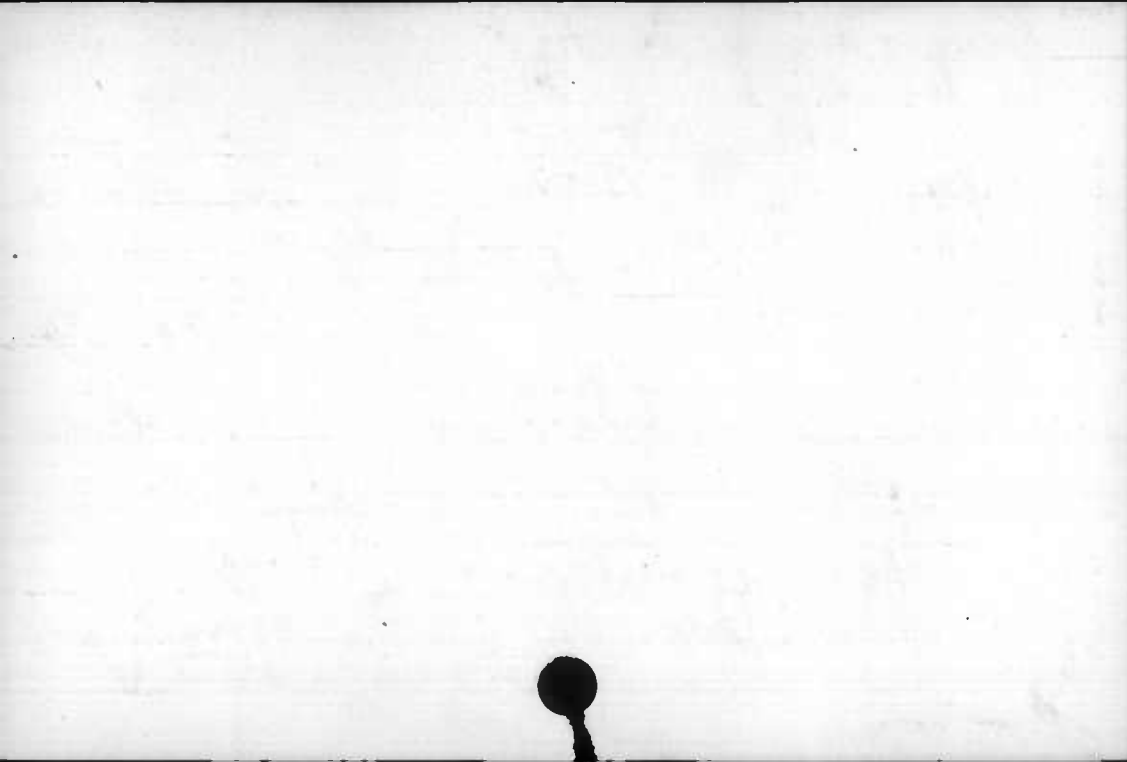
Died at <i>friendly</i> Town		<i>Pr Geo.</i> County			
Date of death	<i>1909</i> Year	<i>Feb</i> Month	<i>29</i> Day	Age	Years
Sex	<i>Male</i>	Color or Race	<i>Colored.</i>	Birth-place	<i>friendly Md.</i>
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	<i>Roy Moore</i>			Father's Birthplace	<i>Pr Geo. Co. Md.</i>
Mother's Maiden Name	<i>Essie Chapman</i>			Mother's Birthplace	<i>Pr. Geo. Co. Md.</i>
Name of person giving information	<i>Roy Moore</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	<i>Pneumonia</i>		How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>E. S. Hunt, M.D.</i>
			Address	<i>Piscataway Md.</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jenny Newton. P. G. Co

Died at Columbia TownP. G. Co County

MARYLAND

Date
of death 1909Month
FebDay
27Age 53 Years

Months

Days

Sex FemaleColor or
Race BlackBirth-
place TennesseeOccupation HouseworkWhere Residing if not
at place of death HomeMarried, Single
or WidowedName of Wife or
Husband Frank NewtonFather's
Name BokeFather's
Birthplace Tenn.Mother's
Maiden Name UnknownMother's
Birthplace Tenn.Name of person giving
In formation Frank NewtonHow related
to deceased Husband

CAUSES OF DEATH

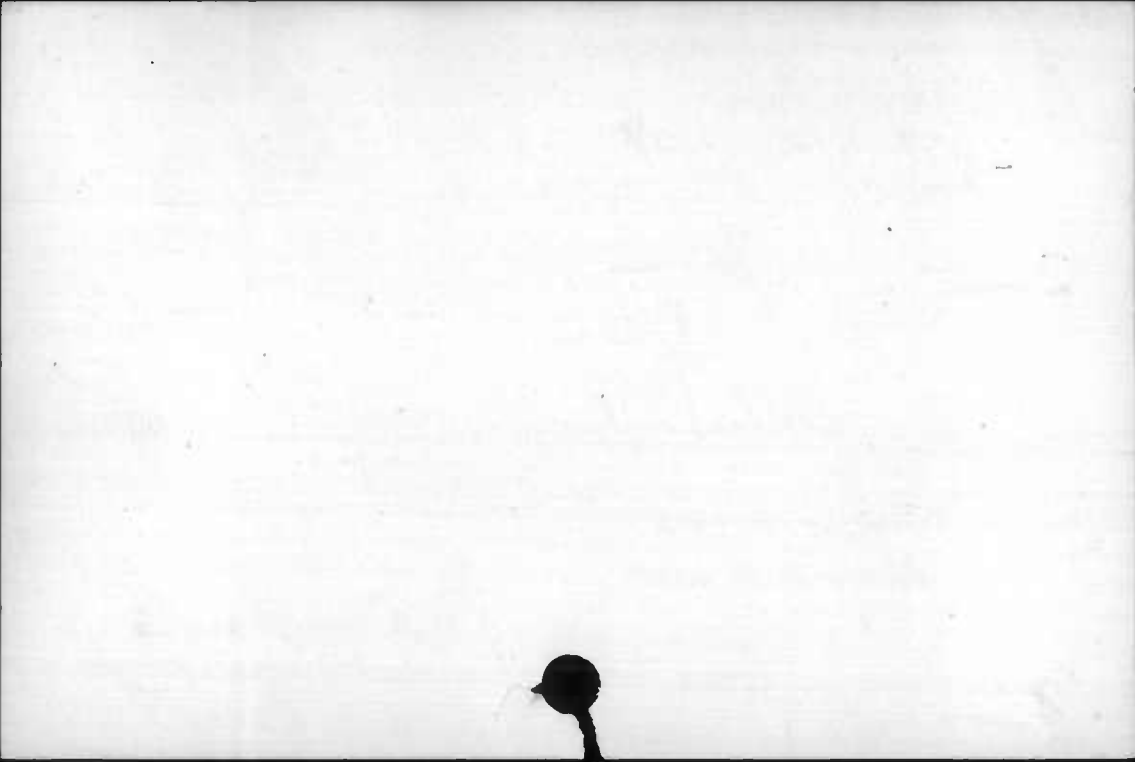
178

PHYSICIAN
OR CORONERPrimary Unknown. Accidental. No physicianImmediate Acute myocardial infarctionAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

J. L. Waring
Columbia

Accident or Suicide?



Name
in
Full

William W. Oden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

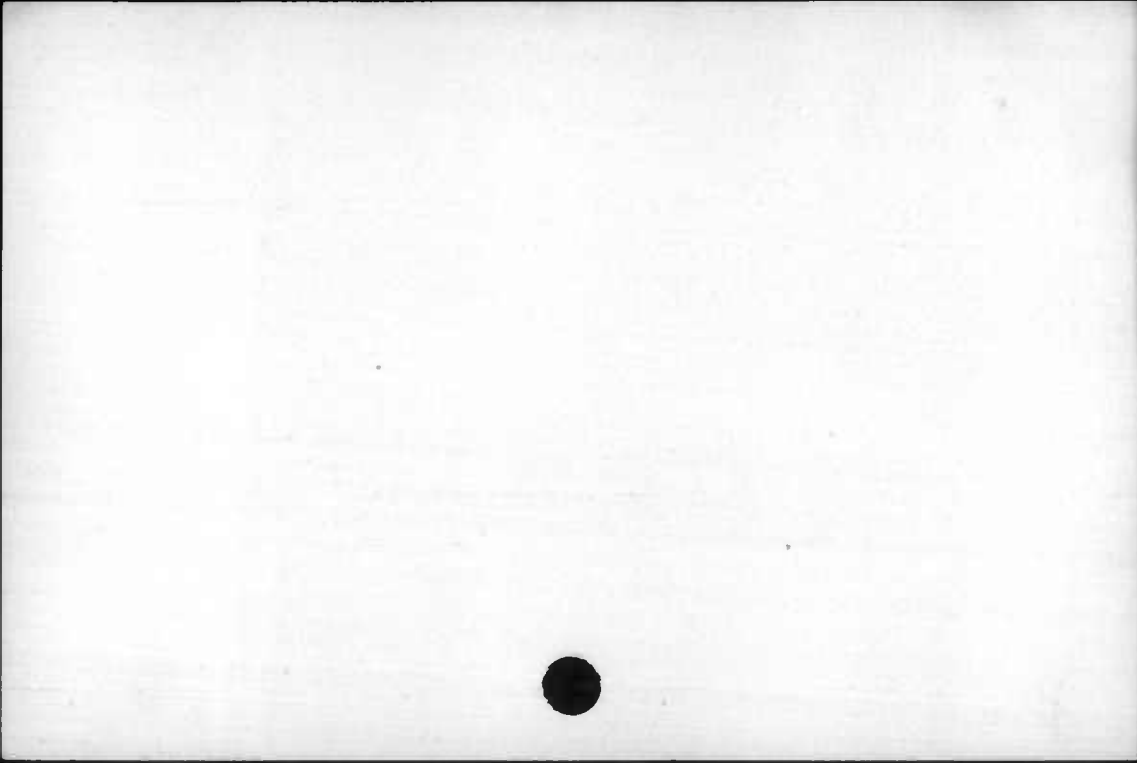
Died at <u>Westphalia</u> ^{Town}		<u>P. G.</u> ^{County}		MARYLAND	
Date of death <u>1909 Feb.</u>	<u>24</u> ^{Day}	<u>—</u> ^{Years}	<u>18</u> ^{Months}	<u>—</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>P. G. Co Ind</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>William Oden</u>		Father's Birthplace <u>P. G. Co Ind</u>			
Mother's Maiden Name <u>Emily Sprigg</u>		Mother's Birthplace <u>Don't Know</u>			
Name of person giving information <u>William Oden</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Don't Know</u>	How long <u>—</u>
Immediate <u>Don't Know</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. E. Smith</u>
<u>Yes</u>	Address <u>Sub Registrar 13 Dist Upper Marlboro Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

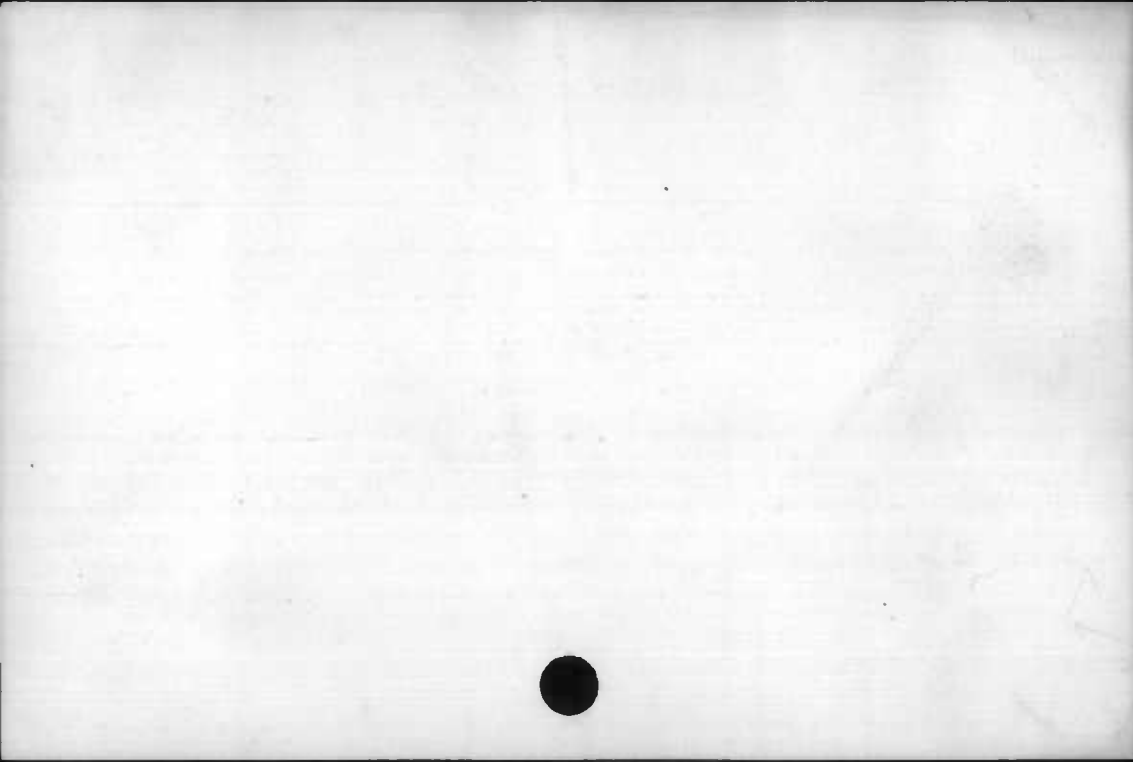
Name in Full <i>Clara Otterback</i>		Town <i>Silver Hill.</i>		County <i>Pr. Ges.</i>		MARYLAND	
Died at <i>Silver Hill.</i>		Month <i>Feb</i>		Day <i>14</i>		Years <i>28.</i>	
Date of death <i>1909 Feb 14</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white.</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ferdinand Otterback</i>					
Father's Name <i>John Gandy</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Sophia Magaha</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Ferdinand Otterback</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis.</i>	How long	<i>11 mo.</i>
Immediate	<i>Exhaustion.</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John E. Samsbury M.D.</i>	
		Address <i>Frederick Md.</i>	
Accident or Suicide? <i>Neither</i>			



Name
in
Full

Peter Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		February	8th	Age 70			
Sex	man	Color or Race	Colored		Birth-place		
Occupation	none		Where Residing if not at place of death		Brooklyn		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	"				Mother's Birthplace	"	
Name of person giving Information	William Jackson				How related to deceased	"	

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	Asthma		How long	2 months	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		Robert C. Billock
			Address		Justice of the Peace Glennville, Mo
Accident or Suicide					

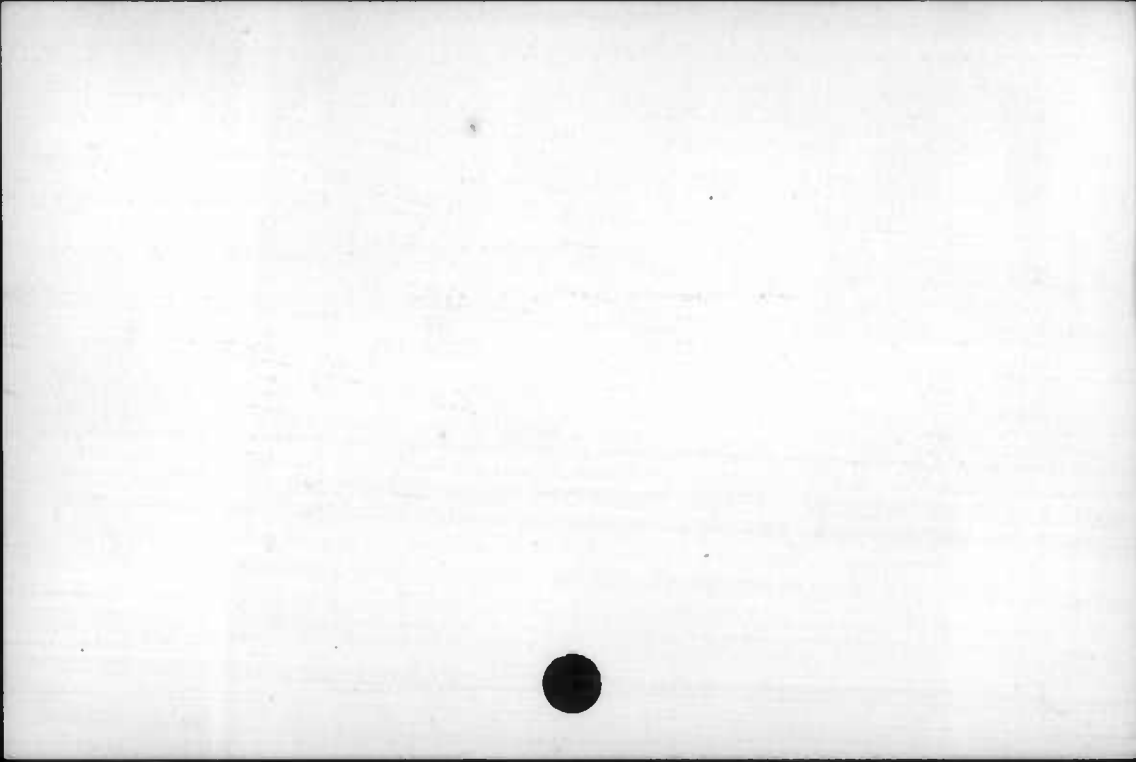
Dr Nelson Ryan
Bowie

Pr Gu Co

md



Name in Full		Katherine Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death		Month	Day	Age	Years
		Sex		Color or Race	Birth-place		
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Frank Johnson		Father's Birthplace	
		Mother's Maiden Name		Cliza Grason		Mother's Birthplace	
		Name of person giving information		Robert Johnson		How related to deceased	
				CAUSES OF DEATH		64	
PHYSICIAN OR CORONER		Primary		Apoplexy		How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		Accident or Suicide?					



Name
in
Full

George H. Polton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

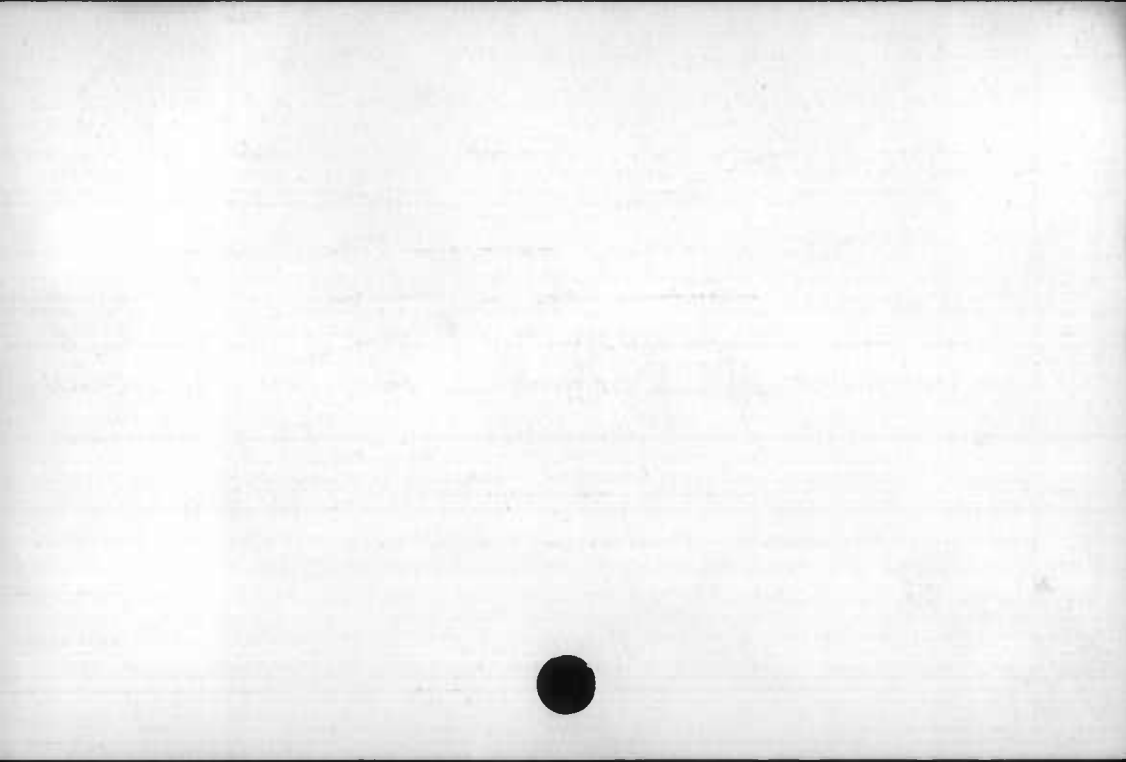
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Feb.	14	Unk			
Sex		Color or Race		Birth-place			
Male		White		Guilford, Md.			
Occupation				Where Residing if not at place of death			
Not any							
Married, Single or Widowed		Name of Wife or Husband					
Married		Sarah Polton					
Father's Name		Father's Birthplace					
Gatharish Polton		Savage, Md.					
Mother's Maiden Name		Mother's Birthplace					
Nancy Tarsen		Howard, Md.					
Name of person giving information		How related to deceased					
Mar. L. Polton		Niece					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary		How long	
Chronic Infection & Emphysema		Many months	
Immediate		How long	
Aspiration			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. D. M. D.	
		Address	
		Springfield	
Accident or Suicide?			
		Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James Swanson
Town Marebrow County Ar Geo

MARYLAND

Date
of death

1909

Month

July

Day

25

Age

Years

7

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Ar Geo Co. Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm Swanson

Father's
Birthplace

unknown

Mother's
Maiden Name

Barnes

Mother's
Birthplace

P. Geo Md

Name of person giving
information

Thos Hudson

How related
to deceased

none

CAUSES OF DEATH

Primary

Bright's disease

How long

2 yrs -

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. Griffith

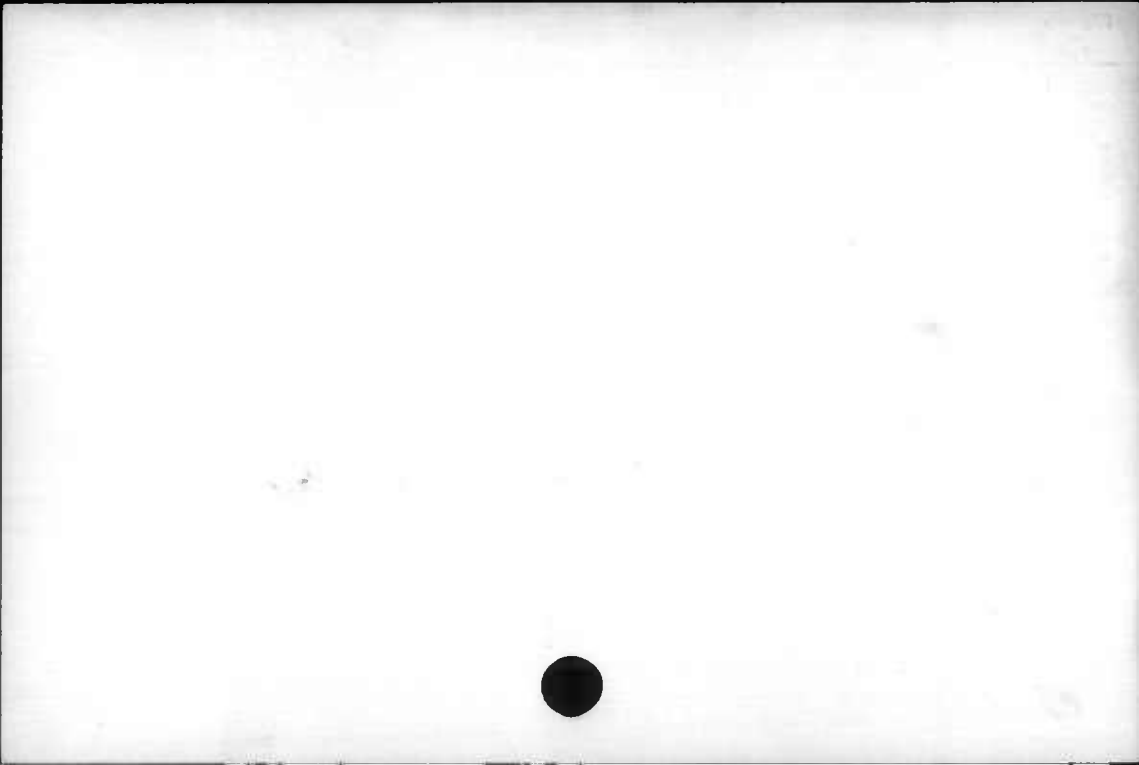
Address

upper Marebrow
Md

Accident or Suicide

PHYSICIAN
OR CORONER

120



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Baltimore* ^{Town}*Penn* ^{County}Date of death *1909* ^{Month} *July*Day *20*Age *50* ^{Years}Months *-*Days *-*Sex *Female*Color or Race *White*Birth-place *Long Springs Md*Occupation *Housewife*Where Residing if not at place of death *at the place*Married, Single or Widowed *Single*Name of Wife or Husband *Elizabeth J. Riess*Father's Name *Robert J. Moore*Father's Birthplace *Penn*Mother's Maiden Name *Hanna E. Green*Mother's Birthplace *Penn*Name of person giving information *Albert A. Lohr*How related to deceased *Brother-in-law*

CAUSES OF DEATH

79

Primary *Valvular disease of Heart*How long *9 months*Immediate *Coronary Insufficiency*How long *Heavy Heart*

Are the name, age, sex, color, date and place correctly given above?

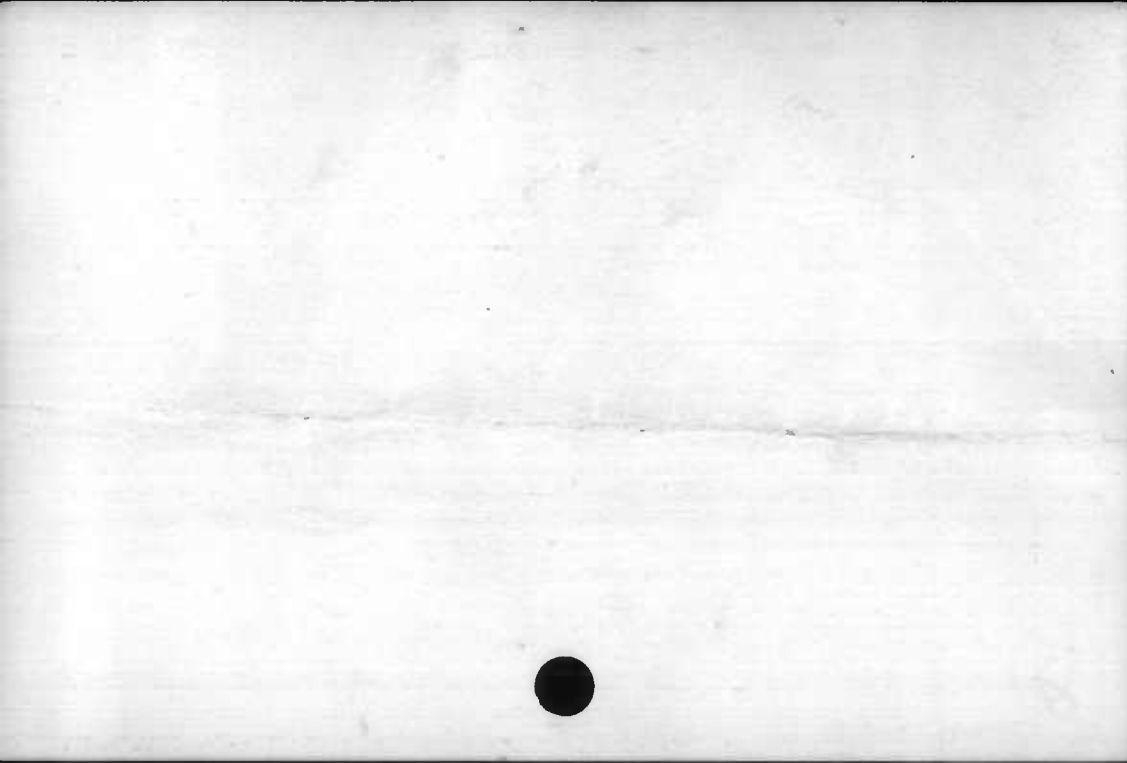
Signature of Physician

Address

*Yes**C. A. Fry
Baltimore*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William Ricks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

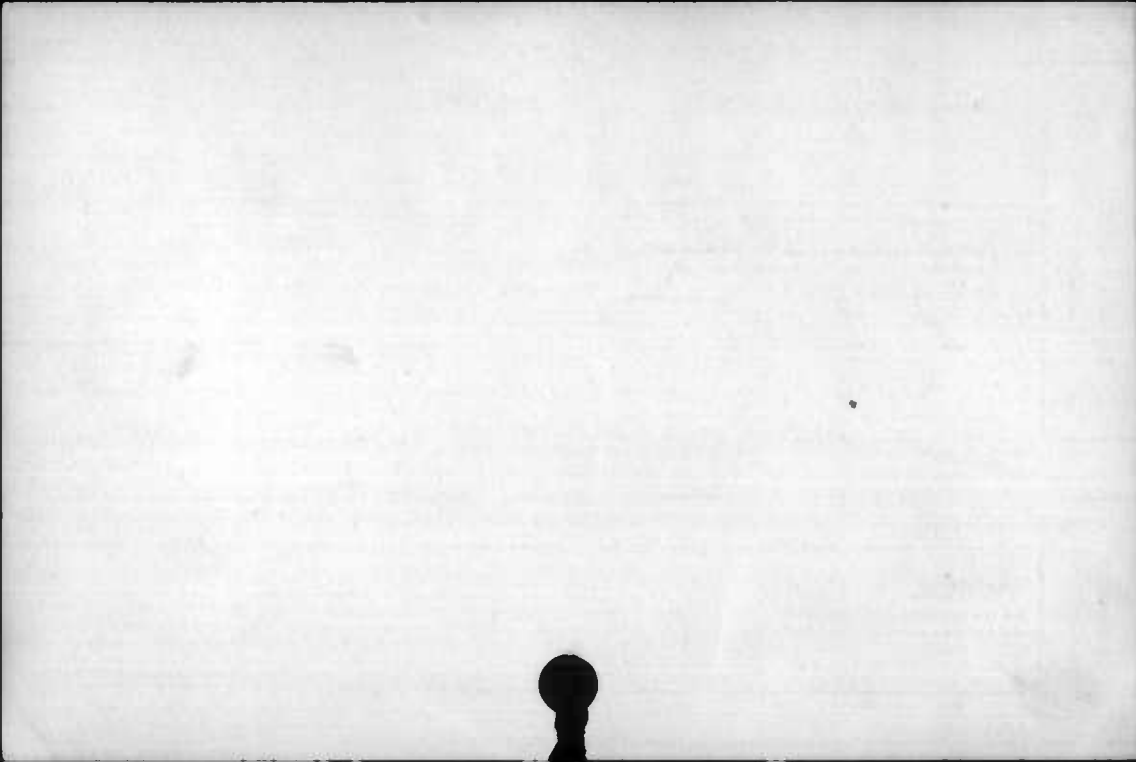
Died at <i>Baltimore</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death	1909	Month	July	Day	1
Age		70		Years	
Sex	Male		Color or Race	White	
Birth-place	Germany				
Occupation	Smoker		Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> or Widowed		Name of Wife or Husband			
		<i>Elizabeth Ricks</i>			
Father's Name	<i>Henry Ricks</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Deut. Knapp</i>			Mother's Birthplace	"
Name of person giving information	<i>John Ricks</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Debility & weakness in chronic disease</i>	How long	<i>about 10 days</i>
Immediate		How long	" " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L. A. Fox</i>	
		Address	
		<i>Baltimore Md</i>	
Accidental or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Guy Roby

Town

County

MARYLAND

Died at

Seaboard

Tr. Geo

Date

of death

1909 *July*

Month

Day

22

Age

Years

16

Months

6

Days

Sex

Male

Color or
Race

White -

Birth-
place

Ar Geo Co. Md

Occupation

Farm Hand

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

S. S. Roby

Father's
Birthplace

Ar Geo Co. Md

Mother's
Maiden Name

King

Mother's
Birthplace

" " "

Name of person giving
Information

S. S. Roby

How related
to deceased

Sister

CAUSES OF DEATH

1

Primary

Lymphoid Tumor

How long

6 wks

Immediate

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Dr Griffith

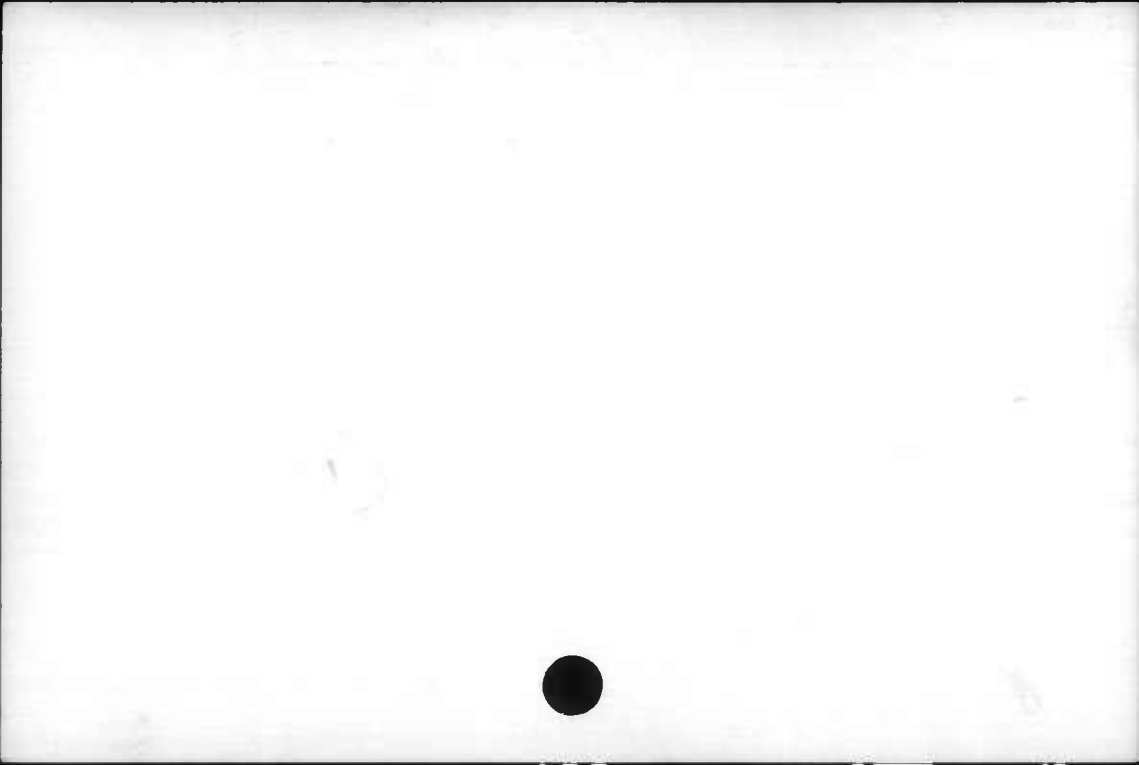
Address

upper Marlboro Md

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
LaurelCounty
P. D. Sev.

MARYLAND

Date

of death 1909

Month
2Day
1

Age

Years

Months
11Days
18

Sex

Male

Color or
Race

White

Birth-
place

Laurel

Occupation

—

Where Residing if not
at place of death

Laurel

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Frederick Shupf

Father's
Birthplace

Washington Co.

Mother's
Maiden Name

Annie Castle

Mother's
Birthplace

West Va

Name of person giving
In formation

Frederick Shupf.

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

2 days

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

74

Signature of
Physician

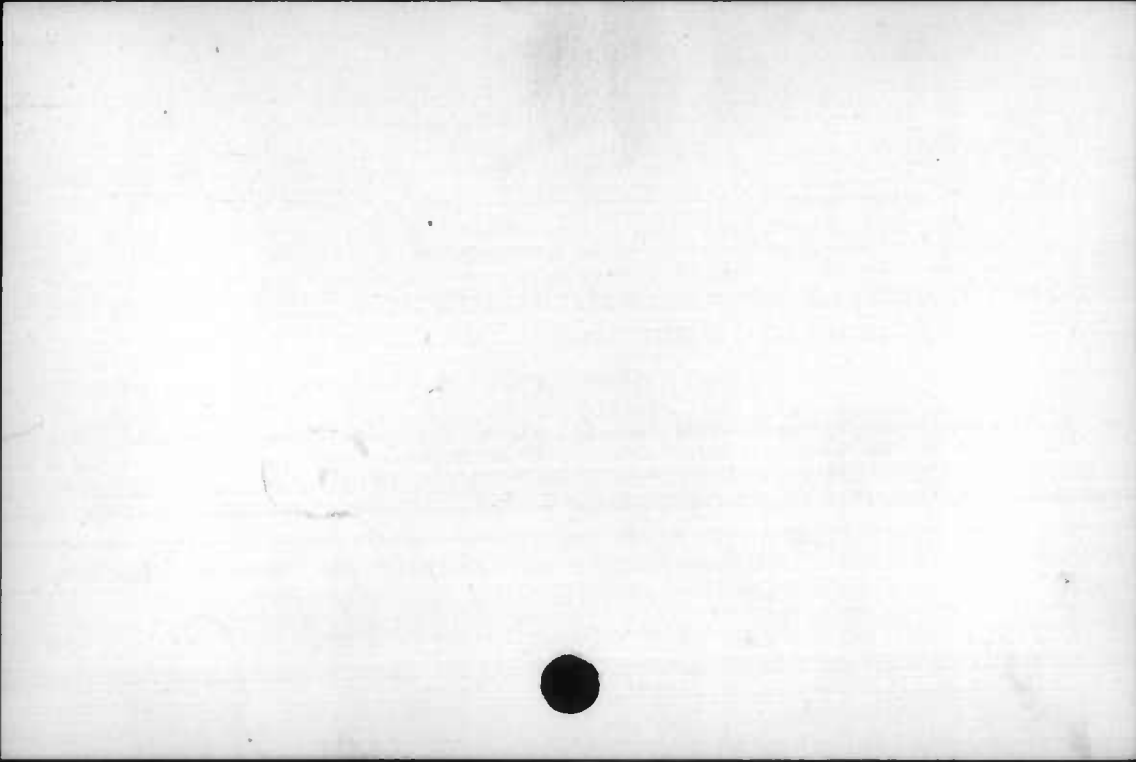
O. J. Penney

Address

Laurel Md

Accident or Suicide?

no



Name
in
Full

child of John & Susan Sims

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

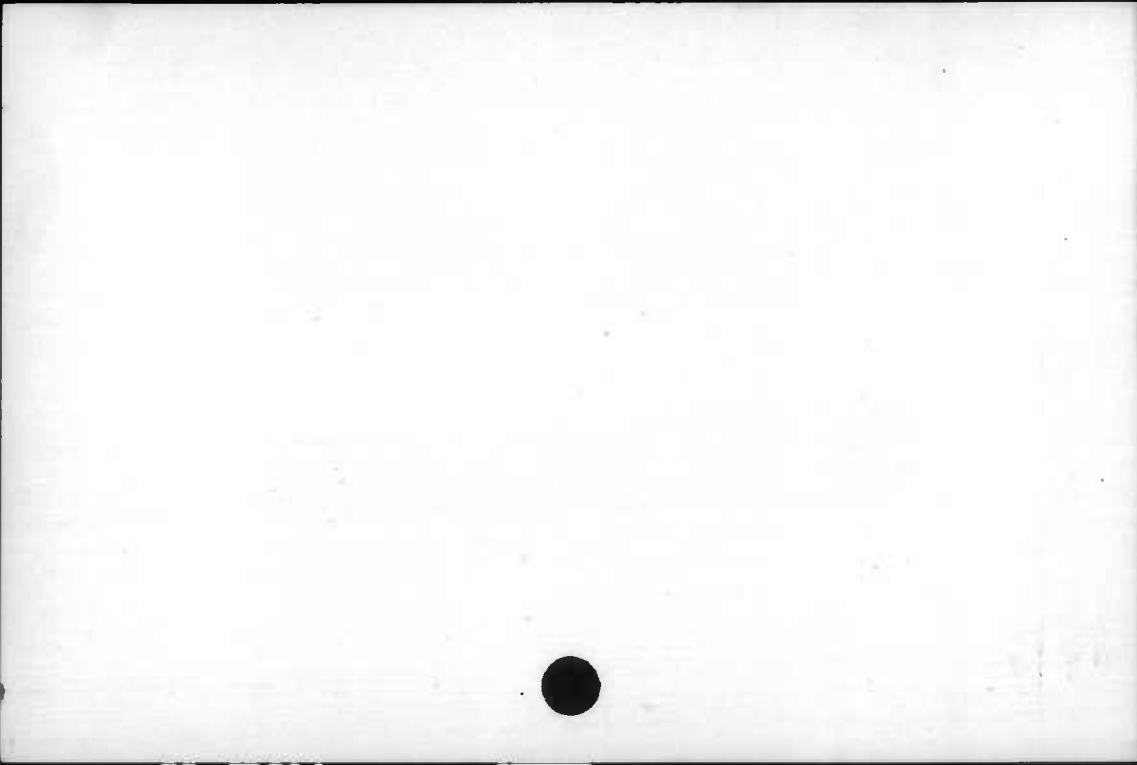
Died at <i>Piney Pith</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>18</i>	Age	Months	Days <i>2 hours</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Piney Pith, Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Sims</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Susan Monroe</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>John Sims</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>weak at birth</i>	How long	
Immediate	<i>Exhaustion</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>Acting Coroner</i> <i>William H. Squires, J.P.</i>	
<i>Yes</i>		Address <i>Brandywine Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph. S. Skinner
 Died at Oxon Hill Pr. Geo.
 Date of death 1909 2 8 Age — Months 6 Days 8
 Sex Male Color ed Birth-place Md.
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

(92)

Primary

How long

Immediate

How long

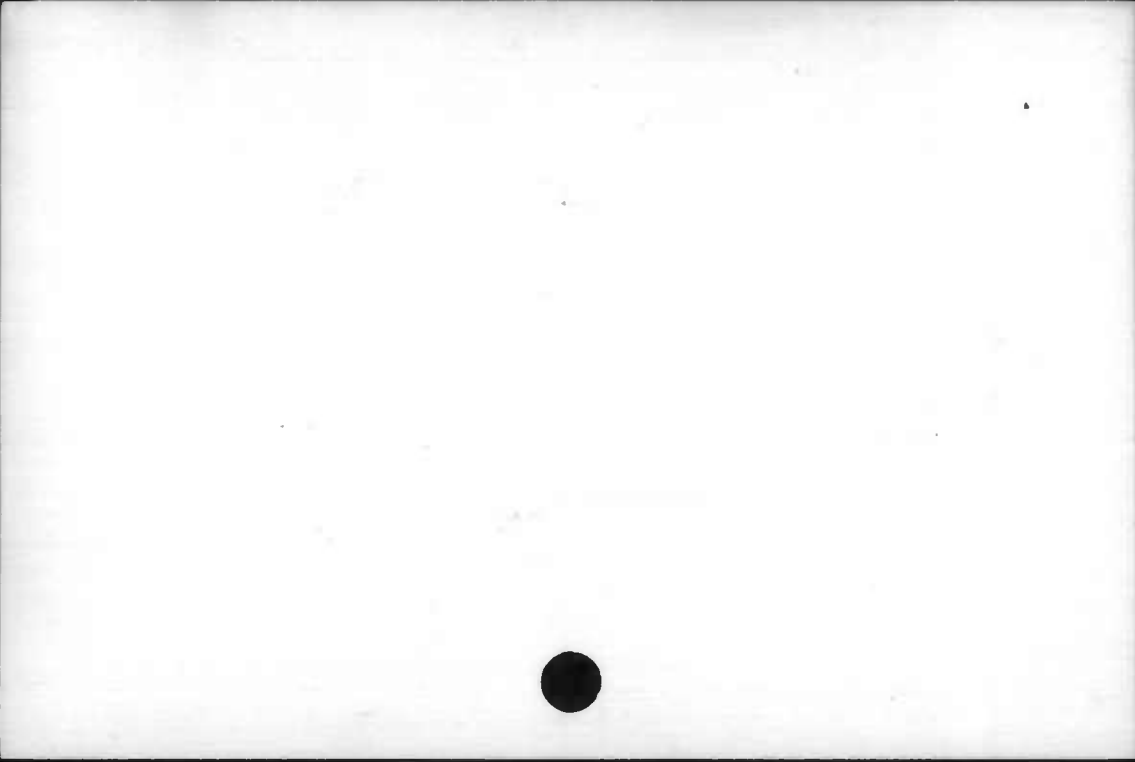
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

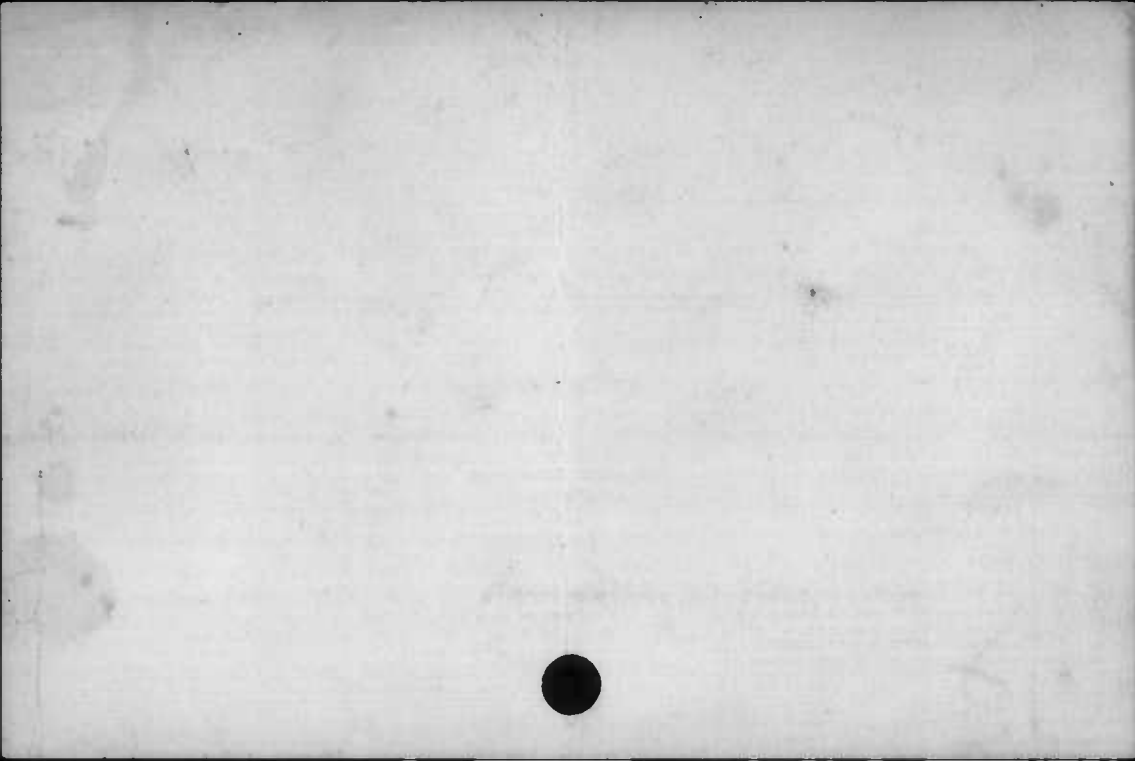
Died at		Town <i>Brentwood</i>		County <i>Pr. George</i>		MARYLAND	
Date of death	1909	Month <i>Feb</i>	Day <i>18</i>	Age	64	Years	Months <i>4</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Mass.</i>
Occupation	<i>Messenger in War Dept.</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband <i>Mary E. (dead)</i>				
Father's Name	<i>John W. A. Smith</i>					Father's Birthplace	<i>Providence</i>
Mother's Maiden Name	<i>Elizabeth W. Sanderson</i>					Mother's Birthplace	<i>Mass.</i>
Name of person giving in formation	<i>Elizabeth P. Smith</i>					How related to deceased	<i>Sister</i>

CAUSES OF DEATH

77

PHYSICIAN
OR CORONER

Primary	<i>Pericarditis, followed by paralytic</i>		How long	<i>Several years since first attack</i>
Immediate	<i>Paralysis</i>		How long	<i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>W. T. Brundage M.D.</i>
Accident or Suicide?	Address		<i>Hyattsville Md.</i>	



Name
in
Full

Alice Stevach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

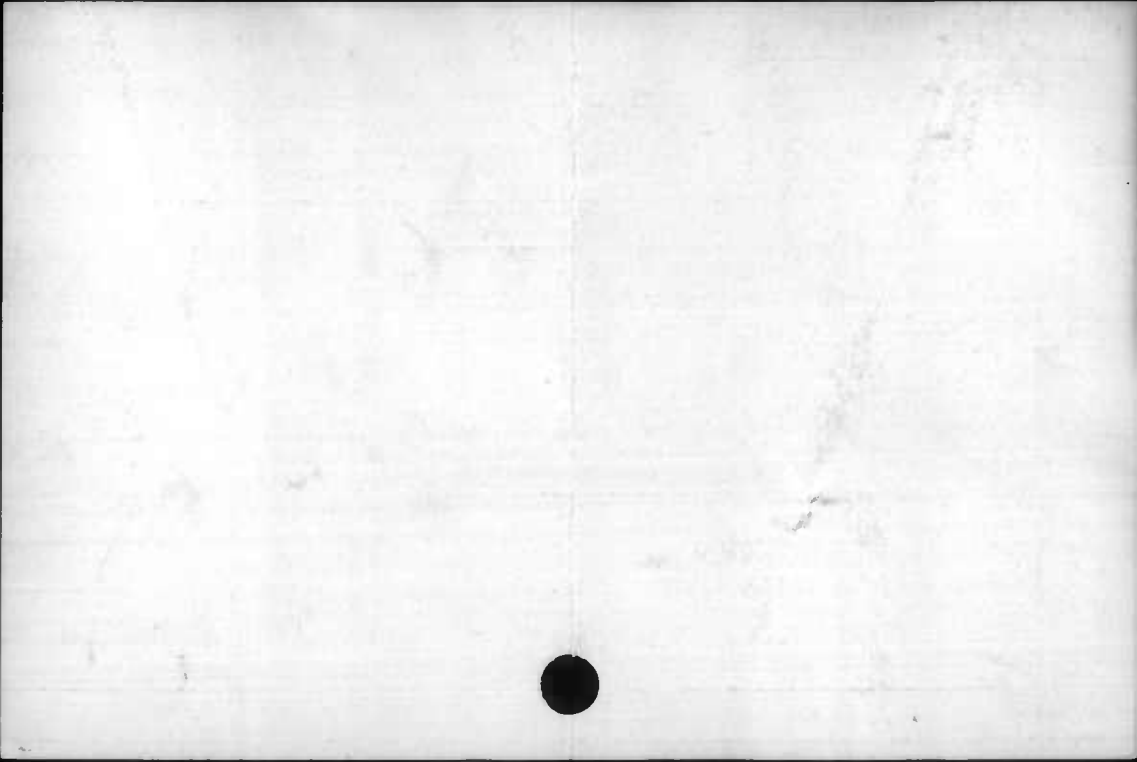
Died at <i>Hall</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death	<i>1909 Feb</i>	<i>13th</i> Day	Age <i>6</i> Years	<i>19</i> Months	<i>19</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>V</i>		Where Residing if not at place of death <i>V</i>			
Married, Single <i>V</i> or Widowed		Name of Wife or Husband <i>V</i>			
Father's Name <i>Patrick Stevach</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Catherine Stevach</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Patrick Stevach</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

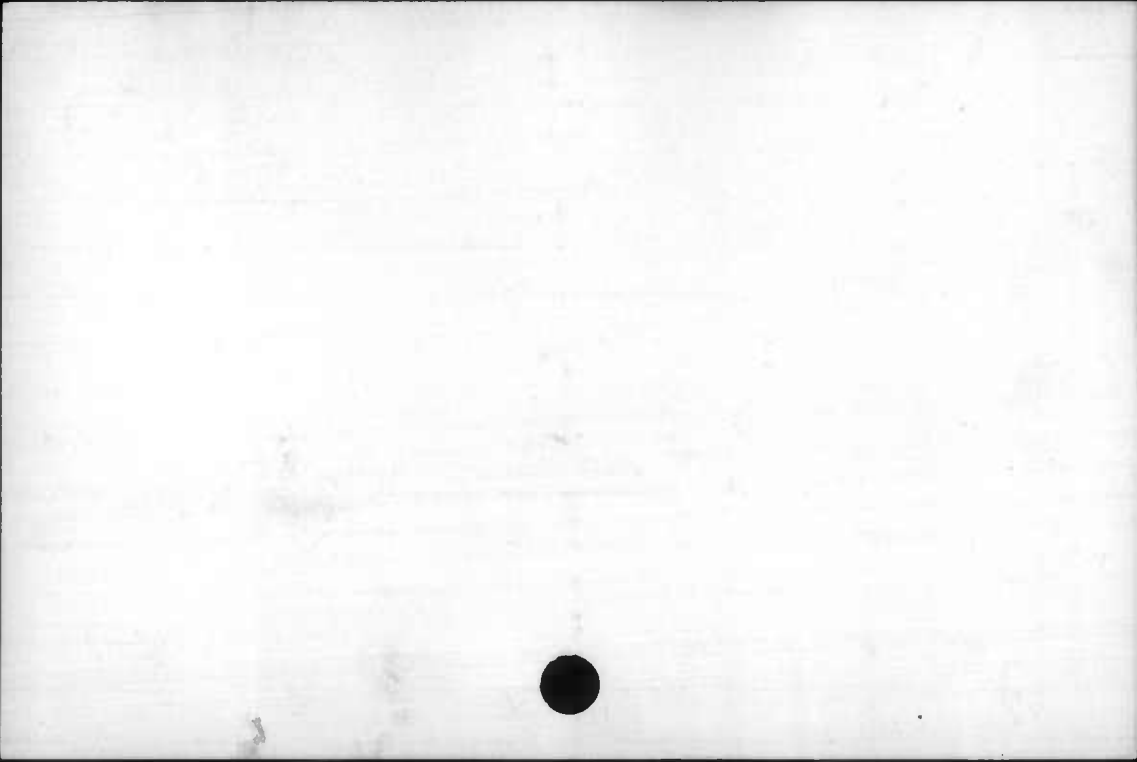
92

PHYSICIAN
OR CORONER

Primary <i>Bronchitis Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Hinchel</i>
<i>J</i>	Address <i>Hall, Md.</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Mary E Taylor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rosaryville	Town	Pr Geo	County	MARYLAND	
	Date of death	1904	Feb	1	Age	65	Months 4 Days
	Sex	Female	Color or Race	White	Birth-place	P. G. & md	
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed	Name of Wife or Husband	Thomas M Taylor deceased			
	Father's Name	George Cator			Father's Birthplace	P. G. & md	
	Mother's Maiden Name	Ellen Cator			Mother's Birthplace	P. G. & md	
	Name of person giving information	E C Peters			How related to deceased	Son-in-law	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(95)</div>							
PHYSICIAN OR CORONER	Primary	Albumen Congestion				How long	3 days
	Immediate	Asphyxia				How long	8 hours
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	E. H. Gibson	
					Address	Croom md	
<div style="text-align: center;">Accident or Suicide?</div>							



Name
in
Full

CERTIFICATE OF DEATH

Warren Hicks White

Died at Riverdale Town Prince George County

MARYLAND

Date of death 1909. Feb. 8th Age 17 Years Months 10 Days 20

Sex Male Color or Race White Birth-place Washington, D.C.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Dana White, Sr. Father's Birthplace Vermont

Mother's Maiden Name Annie Hicks Mother's Birthplace England

Name of person giving information M. M. Millan, M.D. How related to deceased None

CAUSES OF DEATH

62

Primary Progressive Locomotor Ataxia & Rachitis How long About 10 yrs.

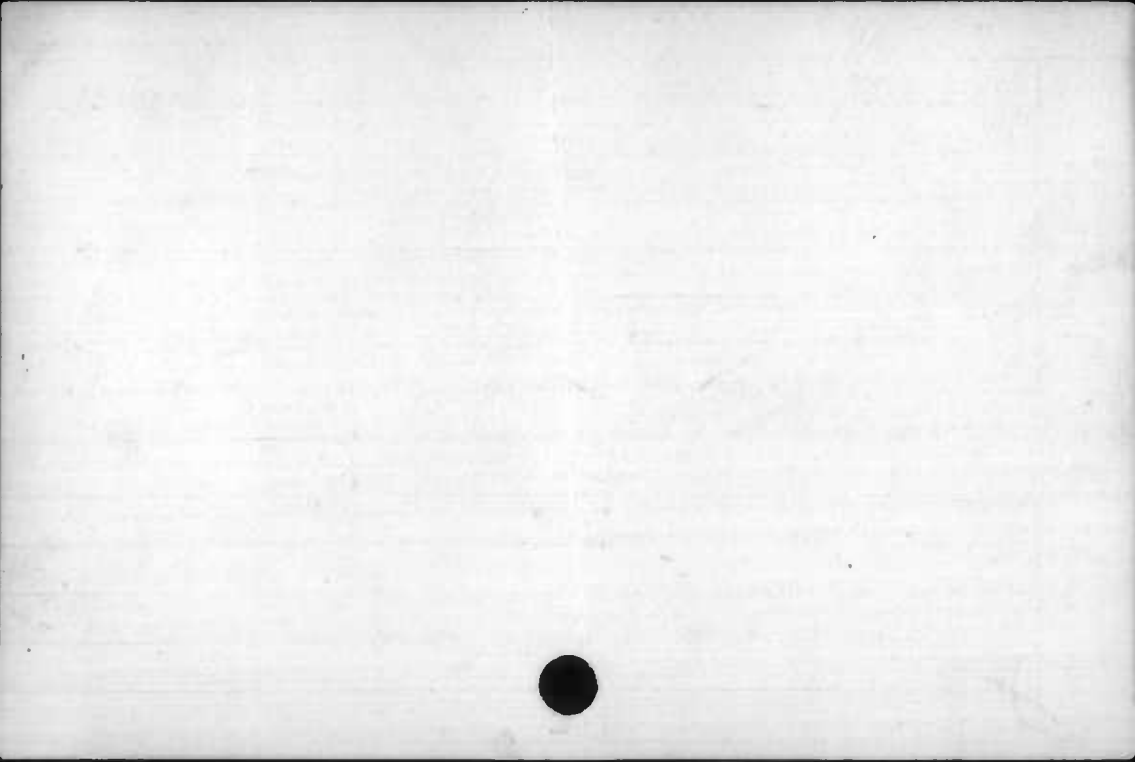
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician M. M. Millan

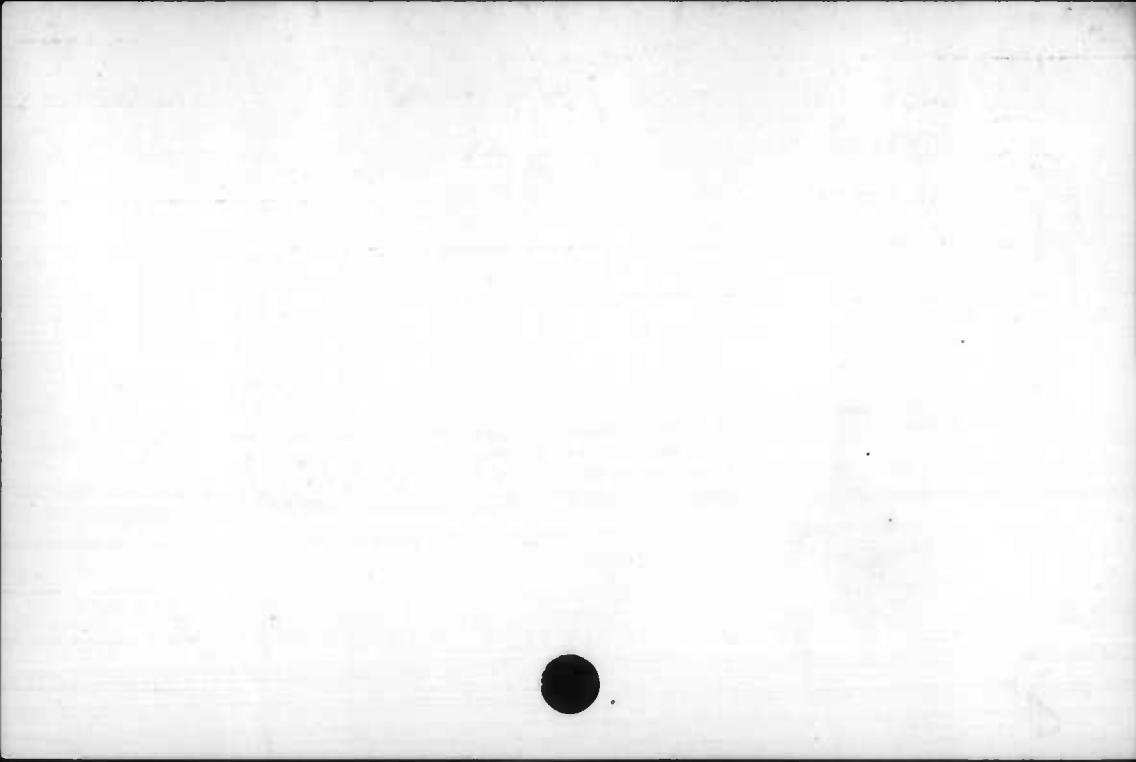
Address Riverdale, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Polly Williams.				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND				
	Date of death		Month		Day		Age		Years		
	1909		Feb		11		2		Months		
	Sex		Color or Race		Birth-place		2 weeks		Days		
	Female		Colored.		Hark, S. C.						
	Occupation		Where Residing if not at place of death								
Married, Single or Widowed		Name of Wife or Husband				Father's Birthplace		Hark, S. C.			
Father's Name		Edward Williams.				Mother's Birthplace		P. Geo. A. Md.			
Mother's Maiden Name		Annie Chapman.				How related to deceased		Uncle			
Name of person giving information		Ray Moore									
		CAUSES OF DEATH				93					
PHYSICIAN OR CORONER	Primary		Transition		How long		several months				
	Immediate		Pneumonia.		How long		2 weeks				
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		E. D. Hurt. M.D.				
	Address		[Redacted]		Address		The Cataway		Md.		
Accident or Suicide?											



Name in Full		Town				County		STATE	
Unknown		Ardwick		Prince George		MARYLAND		CERTIFICATE OF DEATH	
Died at		Date of death		Month		Day		Age	
1909		Feb		10		Years		Months	
Sex		Color or Race		Birth-place		Where Residing if not at place of death		Days	
Male		White		dout know		dout know		dout know	
Occupation		Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
dout know		dout know		dout know		dout know		Unknown	
Mother's Maiden Name		Name of person giving information		How related to deceased		Mother's Birthplace			
dout know		C. M. Allen		None		Unknown			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">166</div>									
Primary		Immediate		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Struck by passenger Train on the Pen. R.R.				Accident		Augustus H. Decker		Acting Coroner	
				Accident or Suicide?		Bladensburg Md			

